

PHILIPPINE TIPS

SECOND ANNUAL REPORT

(October 2003 to September 2004)

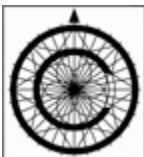
AND

EIGHTH QUARTERLY REPORT

(July to September 2004)



Submitted to:
USAID/Manila



By:
Chemonics International Inc.
USAID Contract No. 492-C-00-02-00031

PHILIPPINE TUBERCULOSIS INITIATIVES FOR THE PRIVATE SECTOR

**SECOND ANNUAL REPORT
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CONTRACTOR:	Chemonics International Inc.
CONTRACT NO.:	492-C-00-02-00031
WORK PLAN PERIOD:	October 2003 to 31 December 2004
USAID OFFICE:	Office of Population, Health and Nutrition U.S. Agency for International Development Manila

Acronyms

APMC	Association of Philippine Medical Colleges
ASI	American Standard Incorporated
BFAD	Bureau of Food and Drugs
BOA	Basic Ordering Agreement
BoD	Burden of Disease
CADPI	Central Azucarera Don Pedro, Inc.
CICAT	Citizens Iloilo Coalition Against Tuberculosis
CMOP	Certification Management and Operation Plan
COP	Chief of Party
CSR	Corporate Social Responsibility
CTO	Cognizant Technical Officer
CUP 2004	Comprehensive and Unified Policy for TB Control in the Philippines
DOH	Department of Health
DOTS	Directly Observed Treatment, Short-course
DLSU	De La Salle University
ECC	Employees Compensation Commission
GDF	Global Development Fund
GSIS	Government Service Insurance System
HMO	Health Maintenance Organization
IEC	Information, Education, Communication
LGU	Local Government Unit
KAP	Knowledge, Attitude, Practice
MOA	Memorandum of Agreement
MOP	Manual of Procedures
MTBEA	Master TB Educator Awards
NGO	Non-Government Organization
NTP	National Tuberculosis Program
NTPA	National Tuberculosis Policy Assessment
OD	Organizational Development
OR	Operations Research
PAFP	Philippine Academy of Family Physicians
PBSP	Philippine Business for Social Progress
PCCP	Philippine College of Chest Physicians
PCOM	Philippine College of Occupational Medicine
PCP	Philippine College of Physicians
PDF	Private Drug Facility
PhilCAT	Philippine Coalition Against Tuberculosis
Philippine TIPS	Philippine Tuberculosis Initiatives for the Private Sector

**Philippine TIPS Second Annual (October 2003 – September 2004) and
Eighth Quarterly Report (July – September 2004)**

PPMD	Public-Private Mix DOTS
PPS	Philippine Pediatric Society
PSMID	Philippine Society for Microbiology and Infectious Diseases
PTSI	Philippine Tuberculosis Society Incorporated
RFA	Rapid Field Appraisal
RFP	Request for Proposal
RHU	Rural Health Unit
SA	Situation Analysis
SSS	Social Security System
TA	Technical Assistance
TB	Tuberculosis
TBDC	TB Diagnostic Committee
TMPC	Toyota Motors (Philippines) Corporation
TOT	Training-of-Trainers
UMED	Unilab Medical Education and Development
Unilab	United Laboratories
UP	University of the Philippines
USAID	United States Agency for International Development
UST	University of Santo Tomas

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Executive Summary

In its second year of implementation, Philippine TIPS continued developing the necessary tools for the expansion of private sector providers of DOTS by the twenty-first month of the project.

With the certification process and the TB benefits package in place in Year 1 of the project, the opening months of Year 2 focused on increasing capacity for DOTS in the private sector. The expansion of DOTS capacity outside Metro Manila and Southern Luzon was aggressively pursued through a road show in early 2004. This attracted 600 private practitioners in 22 cities and large municipalities.

The documentation and standardization of best practices from the first DOTS implementers now include workplace models. While early lessons were made part of the road show, distilled lessons from the early implementers are not expected to trickle down to the private sector implementers until Year 3 of the project.

Capacity for certification was also pursued and expanded to cover all regions of the country with support from the Philippine Coalition Against Tuberculosis (PhilCAT), the Department of Health (DOH) and the Philippine Health Insurance Corporation (PHIC). More than 60 assessors were in place before the May presidential elections but they were not immediately utilized by the certifying authorities due to unclear organizational processes. Despite efforts to disseminate the certification instruments to over 100 potential DOTS providers, both public and private, it would take another four months for the process to be firmly in place in the regions that would implement certification and accreditation.

Work on policy and finance slowed down in the first six months of Year 2 as adjustments were made by the subcontractor, CAMRIS, for this technical area to address the turnover of personnel and unavailability of pre-identified consultants. This has resulted in only partial implementation of the PHIC technical assistance package. Work on the private drug facility continues.

Policy work has advanced prodigiously with the support of professional medical societies, other business sectors, and public health support for an integration of DOTS financing in health sector reform. The number of covenants also more than doubled in Year 2.

PhilCAT's board has accepted both the organizational development plan and capacity-building package crafted for PhilCAT by Philippine TIPS. This resulted in a memorandum of agreement between PhilCAT and Philippine TIPS in the latter part of the year and the assignment of two support staff to PhilCAT by the project.

As Year 3 of the project begins, the ingredients to achieve full delivery of contractual obligations are in place. In areas where there is delay in some deliverables, the solutions are already in place for remedial measures to achieve project deliverables within the third year. An extension beyond the term of the project will allow Philippine TIPS to build on anticipated gains, especially the contributions of its assisted private DOTS service facilities in TB case detection and treatment.

I. Introduction

This report presents the consolidated second-year and eighth-quarter accomplishments of the Philippine TIPS project.

Project Description

The scope of work of the Philippine TIPS project was designed to support USAID's overall goal of reducing the prevalence of TB in the Philippines. Specifically, the project aims to increase the successful diagnosis and treatment of TB patients by achieving a success rate of at least 85 percent using DOTS through commercial private sector services in selected sites. Its focus is to build foundations, develop institutions and establish strategic and sustainable measures toward a long-term solution to reducing TB prevalence, involving the private sector as an active participant. The project focuses on the improvement and standardization of TB control and management using the DOTS strategy, which is the centerpiece of the National TB Program.

The project has six tasks and seven major deliverables. Each deliverable specified corresponds to a complementary task, except for one overarching deliverable that requires contributions from all tasks.

<u>Project Tasks</u>	<u>Major Deliverables</u>
<ul style="list-style-type: none"> Inputs from all tasks 	<ul style="list-style-type: none"> <i>Deliverable A:</i> Baseline TB success rate data and a scale of measurement indicators of achievement of contract objectives.
<ul style="list-style-type: none"> <i>Task 1: Enabling Environment.</i> Policies, guidelines, and regulations revised and expanded to support appropriate, complementary DOTS implementation by public and private providers. 	<ul style="list-style-type: none"> <i>Deliverable B:</i> TB success rate data and a scale of measurement indicators of achievement of contract objectives.
<ul style="list-style-type: none"> <i>Task 2: Operations Research (OR).</i> Best strategies identified to improve and expand DOTS implementation in the private sector. 	<ul style="list-style-type: none"> <i>Deliverable C:</i> Best strategies identified through OR to improve and expand DOTS implementation in the private sector.
<ul style="list-style-type: none"> <i>Task 3: Develop/Create DOTS Service Models.</i> Private sector models developed, implemented, and assessed. 	<ul style="list-style-type: none"> <i>Deliverable D:</i> Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication.

<u>Project Tasks</u>	<u>Major Deliverables</u>
<ul style="list-style-type: none"> ▪ <i>Task 4: Replication of DOTS Service Models.</i> Best approaches/models are implemented and adapted in at least 25 service delivery points in strategic, urban cities/ municipalities nationwide with a potential for replication beyond those 25 sites. 	<ul style="list-style-type: none"> ▪ <i>Deliverable E:</i> Best TB DOTS approaches/service models implemented in at least 25 service delivery points in strategic cities/large municipalities nationwide.
<ul style="list-style-type: none"> ▪ <i>Task 5: Training, Certification, Communication.</i> Sustainability of all TB programs strengthened through improved teaching and training in medical schools and improved health-treatment behavior of the private providers. 	<ul style="list-style-type: none"> ▪ <i>Deliverable F:</i> Teaching and training of TB DOTS conducted in medical professional schools and behavior-change campaigns implemented to improve the health-treatment behavior of private providers.
<ul style="list-style-type: none"> ▪ <i>Task 6: Financing.</i> National health care financing schemes that strengthen private sector delivery of TB control and cure service developed and implemented. 	<ul style="list-style-type: none"> ▪ <i>Deliverable G:</i> Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups.

General Approach, Strategy and Targets of the Year 1 Work Plan

Four pillars of the project's technical approach underpin the strategies adopted in the annual work plans. They are:

- Enhance and/or create demand-driven solutions. In recommending policies, guidelines, and regulations and in developing private sector DOTS models, use business incentives and market signals to motivate private providers to use DOTS; use a competitive grant mechanism in model replication.
- Leverage open society and media. Build awareness on the magnitude of the TB problem; prepare an integrated communications strategy for the project to strengthen advocacy for treatment behavior-change of private providers, particularly to encourage the use of DOTS, mobilize support for project interventions, disseminate project outputs, and highlight successes and lessons learned.
- Build on existing infrastructure and talent to foster sustainability. Collaborate with local institutions working on TB control and build on existing infrastructure and initiatives consistent with project objectives; in particular further develop and enhance pilot DOTS service models and replicate them in strategic sites nationwide; partner with PhilCAT and assist in the capacity building of the organization to empower it further to sustain the efforts of the project beyond its life.

- Maximize the mix of public-private problem-solving bodies. Adopt a consultative and participatory approach in policy formulation; involve public and private local bodies in identifying solutions to TB control issues and enacting measures within their control and means (e.g., covenants with employers to promote TB patient rights or with professional societies to promote the use of and/or improve the quality of DOTS service).

In Year 1, Philippine TIPS focused on groundwork activities. Among others, these included establishing the policy agenda, organizing policy consultation groups, developing partnerships with DOTS model implementers, preparing assessment tools for the enhancement of existing models, designing and piloting new DOTS models in private sector settings, developing teaching and training modules, providing communications support to the various project tasks, establishing news media visibility for initial project outputs and activities, and planning the development of an integrated communications strategy. These set the stage for the strategic and substantive interventions of the project programmed in Year 2.

In Year 2, Philippine TIPS focused on its “core business” of supporting the development and replication of private sector DOTS service models in the 25 project sites. The intention was to help these models eventually reach an 85-percent success rate. Under the Year 2 work plan, each of the project tasks prioritized activities in support of the “core business.” The general direction of support was to build and enhance institutions that enabled, promoted, and sustained the practice of DOTS in the private sector. These included an improved policy environment and financing mechanism for TB treatment, operations research to support model development, DOTS training, strengthened integration of the DOTS syllabus in the medical curriculum, continuing medical education programs, the dissemination of project messages and outputs to news media, and IEC support to various tasks.

II. Second Year and Eighth Quarter Accomplishments

Deliverable A: Baseline Data Collection and Performance Monitoring Plan

Objectives: Establish KAP on TB treatment of private providers and periodically update and submit a report on the project's Performance Monitoring Plan

Targets:

- Conduct baseline survey on private physicians KAP on TB treatment in the 25 replication/expansion sites of the project.
- Finalize and obtain USAID approval of the project's performance monitoring plan (PMP).

Major Accomplishments:

Year 2

- Advancing the KAP survey, expected to be completed by October 2004.
- Obtained USAID approval of the PMP and submitted to USAID the first-year PMP report.

Quarter 8

- Completed the provider survey of 1,500 private practitioners seeing TB patients and symptomatics in project sites, including the situation analysis of six private clinics/centers delivering DOTS services.

Baseline Survey of Private Physicians' KAP: The study began on January 12, 2004, through a subcontract with UPEcon Foundation. A total of 8,000 physicians were identified and included in the roster of TB-treating physicians in 22 project sites. Of the 8,000, the target sample size was about 25 percent. Development of the survey tool and the training of interviewers were completed in March 2004. The actual survey started in April.

As of the end of Year 2, 1,200 of an expected 1,500 respondents have been interviewed. The final number of completed interviews will probably not reach 1,500 because of over-enumeration. This is particularly evident in areas where training of specialty physicians is ongoing, and where a large metropolitan area provides more opportunities for multiple practice and for increased mobility of doctors. These factors make any attempt at masterlisting difficult. The projection of UPEcon is that the effective shelf-life of its enumeration in 22 sites is probably six months at most. A situation analysis in 6 selected sites complemented the survey and was conducted in August-October 2004.

Highlights of preliminary results include the following:

- There is a concentration of adult TB treatment in five specialties (pulmonology, internal medicine, family medicine, general practice, and infectious diseases).
- X-ray diagnosis is still the primary tool for diagnosis.

- Nearly three-fourths of doctors have heard of DOTS but only about a third practice DOTS in some form.
- Much knowledge of DOTS was acquired after 2001, with PhilCAT and Philippine TIPS as significant sources of information (almost equal to the DOH).

Performance Monitoring Plan: USAID approved the PMP in October 2003. Box 1 shows the summary of indicators, actual values in Year 1 and Year 2, and targets over the life of the project.

Box 1: Summary of Project Performance Monitoring Plan

Indicator/Definition	Baseline Value	Actual Value for Year 1	Actual Value for Year 2	Target Value End of Project
1) 85% TB treatment success rate	0	0	75%	85%
2) Number of certified DOTS-engaged medical doctors	0	50	366	600
3) Number of certified private DOTS programs, clinics, and centers	0	5	24 (22 more pending)	31
4) Practice of private physicians on DOTS in 25 sites	0	0	30%	50%
5) Number of organizations with covenants to provide quality DOTS services and TB patient rights expanded	0	6	15 covenants (6 professional societies, 2 pharmacy chains, 2 pharmacy/ist organizations, PHIC, 2 companies)	13
6) Access of private sector to TB health services financing and affordable and quality TB drugs	0	Agreement on access to WHO's Global Drug Facility drugs by private sector	20 private clinics have access to medicines, PHIC TA partially accomplished	Coordination of improved benefits piloted (PhilHealth package and PDF

The targets for Year 3 and the next quarter are:

- Dissemination of the first private provider KAP survey by January 2005.
- If option year (4th year extension) is not exercised, a post-intervention survey will be conducted starting in May 2005 to determine the change in the number of private physicians practicing DOTS.
- Submission of the Year 2 PMP report to USAID by November 2004.

**Deliverable B: TB Success Rate Data and a Scale of Measurement Indicators of
Achievement of Contract Objectives**

Task 1: Enabling Environment

Objective: Implement policy reform agenda related to drug access, DOTS quality assurance, and promotion of TB patient rights.

Targets:

- Design a private drug facility.
- Assist in the implementation of the quality assurance covenant of Philippine TIPS and PhilCAT with six medical professional societies.
- Establish covenants with employers and institutes through government directive the protection of TB patient rights.
- Implement a policy advocacy strategy and organize a Private Sector TB Summit.

Major Accomplishments:

Year 2

- Situation analysis of anti-TB drug supply/demand, and drug supply management.
- Assistance in the preparation of the final draft of the Department of Labor and Employment's (DOLE) TB-in-the-workplace guidelines.
- Provision of technical assistance to six professional medical societies to implement the MOA between Philippine TIPS and PhilCAT.
- Covenant with Philippine Chapter of Rotary International (Makati and Quezon City Districts) to implement TB control programs among various clubs within the districts.
- Assistance to the DOH to update the "Comprehensive and Unified Policy for TB Control in the Philippines" (CUP 2004), and revise the "Manual of Procedures" (MOP) of the NTP to include fixed-dose drug combination regimens, TB health promotion guidelines, and public-private mix DOTS guidelines.

Quarter 8

- Revised PDF situation analysis draft submitted and presented to the Philippine TIPS technical team and during the Philippine TIPS planning workshop in July 2004.
- Covenants signed during the launch of two of the "Rotary Stop TB 2005" campaign in Makati City and Quezon City.
- Completion of the final draft of the updated CUP 2004.
- Scope of work for the formulation of action plans of six professional medical societies approved; implementation of short-term technical assistance started.
- Scope of work for policy advocacy completed and submitted for approval.

Private drug facility – The study aims to: (a) conduct a situation analysis (SA) to assess the current situation on TB drugs supply vis-à-vis current and projected needs/demand in the private sector; (b) identify and validate the key issues and constraints to inform the development of a PDF design; and, (c) recommend appropriate policies and practical measures that will assure an uninterrupted supply of TB drugs for the private sector in general and the PPMD centers in particular.

The specific objectives of the SA are to: (1) assess the epidemiology of TB in the Philippines; (2) determine the current problems in TB drug selection, procurement, distribution, and use in the

private sector; (3) draw conclusions and make general recommendations from the identified problems; (4) assess TB drug financing in the private sector; and, (5) identify current policy, financing, and strategic issues that need to be addressed to support the expanded participation of the private sector in the TB DOTS program.

Preparation in May and early June of the situation analysis led by the PDF team leader included (a) a review of literature on the extent of DOTS implementation by private service providers, (b) field work/data gathering in the DOH and relevant institutions on procurement/selection and the price of anti-TB drugs, (c) a TB KAP study of patients in selected DOTS centers, and (d) key informant interviews (KIIs). Those interviewed were staff of the DOH Center for Health Development (CHD), NTP coordinators, and selected public and private DOTS centers in metro Manila, Davao City, Davao del Sur, Cebu City, Cebu Province, Iloilo City, and Iloilo Province.

The interviews were intended to obtain information on actual anti-TB drug management systems (storage, recording and monitoring, utilization, procurement and distribution). The KIIs revealed poor storage facilities in most of the centers visited and non-uniform recording and monitoring systems for drug utilization and stocking, if at all. CHD encountered anti-TB drug distribution problems down to the public DOTS centers. For the financing of anti-TB drugs, the DOH will continue to allocate funds from its appropriation; avail of the grants from the GDF, including its procurement services and the Global Fund to fight AIDS, Tuberculosis, and Malaria; and obtain budgetary support from the World Bank. The preliminary findings also disclosed that the PHIC TB benefits package may not be adequate to cover the cost of TB treatment in private DOTS centers.

The PDF team incorporated the comments of two international consultants and presented the SA to the Philippine TIPS technical team on July 12, 2004, and again on July 28, 2004 during the TIPS planning workshop. The policy and finance advisor also reviewed the final revised draft.

Based on the data analysis, the study's conclusions include the following:

- The epidemiology of TB patients is clearly known only for the urban poor, but there is evidence to suggest that the urban and rural populations have similar disease patterns.
- TB incidence among the poor is about 8.2/1000 population per year and the annual risk of infection is 6.5 percent of uninfected individuals. Each TB case infects about 10 others within one year.
- Thirty-five percent of poor patients with TB consult a private provider, while 22 percent self-medicate and probably go to the pharmacy.
- Poor TB patients who do not take any action at all can potentially add to the demand for TB care if health education is successful.
- Given the available financing resources and no substantial increase in TB case detection, estimates show that funding for TB drugs, for both private and public DOTS centers, can be sustained for at least up to 2007.

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Below is the summary of the problems and the recommended options for each:

PROBLEMS IDENTIFIED	OPTIONS
1. A significant proportion of doctors are unaware of the DOTS approach to TB. In addition, they practice a wide variation of TB treatment regimens.	Possible educational interventions include ¹ : <ul style="list-style-type: none"> • Prescriber education • Printed materials • Approaches based on face-to-face contact • Influencing opinion leaders
2. Many commercial TB drug preparations are available, increasing the likelihood of inappropriate prescribing and dispensing.	Cancel or do not renew the certificates of product registration (CPR) of non-standard TB preparations.
3. Local TB drug products are either expensive or poor quality compared with drugs procured by the Philippines from the GDF. The cost of treatment for a Category 1 patient is P14,500, or 52 days of a worker's salary (at minimum wage) for a complete regimen. 4. The quality of locally manufactured TB drugs cannot be assured by the weak regulatory capabilities of the DOH Bureau of Food and Drugs.	Continue procuring from the GDF through its procurement services facility.
5. There is weak demand due to low case detection rate. Because the TB drugs were ordered with a 100 percent buffer and all the purchased drugs arrived on time, the Philippines will have excess supply starting 2005.	Increase case detection through: <ul style="list-style-type: none"> • Use of provider and patient enablers and incentives. • Detection of patients who do not seek medical care. • Detection of patients who go to private facilities and are unreported. • Detection of patients who are undiagnosed or misdiagnosed.
6. Although delivery through the private freight forwarder has improved, other aspects of the distribution system appear problematic. Order-receipt discrepancies are prevalent, storage is inadequate, and inventory control systems are weak.	<ul style="list-style-type: none"> • Improve information flow between the PHO and the freight forwarder. • Explore the use of a private logistics company to take over the whole distribution system: delivery, storage, and inventory management.
7. Among private practitioners, defaulter- and contact-tracing are not usually practiced.	Continue to establish public-private mix (PPM) DOTS linkages.
8. Private pharmacies are not knowledgeable about DOTS, dispense TB drugs without a prescription, do not provide counseling, and infrequently refer their patients to Rural Health Units (RHUs).	Expand Philippine TIPS pharmacy program.

¹ Management Sciences for Health. *Managing Drug Supply*, 2nd ed. Kumarian Press: USA, 1997.

The situation analysis is being finalized and will serve as input to the next phase of the study, which is the design component. Because the international consultant tapped to do the design resigned on short notice, Philippine TIPS recommended re-hiring the PDF team leader and his associate to design the PDF. This has been approved by USAID, and the PDF team leader will begin the assignment in November 2004.

TB patient rights – Philippine TIPS assisted in the preparation of the Department of Labor and Employment's (DOLE) draft "TB in the Workplace Guidelines." The guidelines are currently pending approval by the DOLE secretary and adoption by the DOLE's Tripartite Industrial Peace Council. The latest draft incorporates comments and revisions on the section on social policy and non-discrimination to make it consistent with the National Labor Code. Once issued, the guidelines will mandate public and private enterprises to implement TB control programs, use or endorse DOTS in the treatment of employees with TB, and ensure non-discrimination of such employees.

This public policy component is complemented by an advocacy component for TB patient rights and support to such patients directly with private companies. The Philippine Chambers of Commerce and Industry (PCCI) has been identified as a viable and effective entry point. As an initial collaborative activity, Philippine TIPS sponsored a seminar on TB in the workplace organized by the PCCI on April 16, 2004. The objectives of the seminar were to increase the awareness and appreciation of PCCI for proper TB diagnosis and treatment, to obtain their support on the proper TB prevention and control in the workplace, and to promote TB patients' rights. A subsequent meeting was held with PCCI, at which three key immediate actions were identified:

- Encourage employers/business to help in TB detection.
- Sponsor and provide materials on trainings.
- Provide the list of the project's 22 DOTS centers to its members. PCCI also agreed to look into how the campaign program against TB in the workplace for the employers can be developed along the lines of PCCI's corporate social responsibility activities.

PCCI can also make the following contributions to the TB program effort:

- Assist in reporting cases detected during pre-employment screening and refer them to a DOTS Center or RHU.
- Educate employers on TB diagnostic and treatment regimens to modify attitudes against discrimination in hiring and assist job applicants in getting proper diagnostic and treatment services through referral to DOTS centers.
- Facilitate worker access to services either through DOTS in the workplace or referring employees suspected of TB to DOTS centers for proper diagnosis and treatment.

For its part, Philippine TIPS has offered to provide assistance through:

- Facilitation of and resource-sharing in the conduct of education campaigns.
- Information-sharing on the best practices on TB prevention and control in the workplace and successful PPMD models.
- Facilitation of presentations on the global and national TB situation.
- Technical assistance in developing the PCCI corporate social responsibility program against TB.
- Help in identifying priority areas of collaboration between the regional chambers and Philippine TIPS to carry out this program.

In September 2004, Philippine TIPS coordinated with the PCCI participation in the 30th Annual Philippine Business Conference held October 5-7, 2004, at the Manila Hotel. The Philippine TIPS

senior TB adviser gave a brief presentation on the objectives of the project and the partnerships so far forged by Philippine TIPS with various groups. He encouraged the business groups to actively participate in the TB network.

The policy and finance advisor, through the PDI program manager, has also made some headway in promoting TB patients' rights with the country's premier telephone company, the Philippine Long Distance Telephone (PLDT) Company, which employs more than 17,000 employees nationwide. Following a successful initial meeting with the company's medical director, a draft MOA was prepared declaring PLDT's involvement in the private sector TB initiatives. PLDT will adopt DOTS as a workplace strategy, adhere to the recommended DOTS protocol and standards, carry out a TB awareness program among its employees and job applicants, support national efforts to de-stigmatize TB, and work on the certification of its own medical facilities and clinics as DOTS centers. The MOA is expected to be signed by the end of 2004.

Quality assurance - At present, this component is anchored by the project's MOAs signed in August 2003 with PhilCAT and six professional medical societies to promote DOTS among their members. These are the Philippine Society for Microbiology and Infectious Diseases (PSMID), the Philippine Academy of Family Physicians (PAFP), the Philippine College of Chest Physicians (PCCP), the Philippine College of Occupational Medicine (PCOM), the Philippine Pediatric Society (PPS), and the Philippine College of Physicians (PCP). Toward the latter part of Year 2, the project provided technical assistance, through two short-term consultants, to assist the professional societies in drawing up their respective implementation plans. These plans are expected to be carried out in the next two to three years by the societies, mainly involving capacity building to attain DOTS quality assurance in the diagnosis and treatment of TB. Philippine TIPS will provide support in capacity building and in information, education, and communications (IEC).

A similar MOA with the Philippine College of Radiology (PCR) was drafted in September 2004. The PCR is a premier specialty society recognized by the Philippine Medical Association (PMA) and is the acknowledged authority in diagnostic, therapeutic, and interventional radiology. The PCR is one of the specialty societies targeted by Philippine TIPS to support and actively participate in ensuring quality assurance in TB diagnosis.² The draft MOA, which already incorporates the comments of the concerned technical members of Philippine TIPS, commits the PCR to:

- Support the common goals and objectives of TB control in the country.
- Actively participate in the establishment of PPM-DOTS coalitions and DOTS quality services in the provinces.
- Take the lead in training and certification of DOTS-referring physicians.
- Encourage its members to participate in continuing quality improvement of DOTS services by joining local TB Diagnostic Committees (TBDC).
- Participate in the development of modules on TBDC and radiologic TB standardization.
- Uphold its recommendations to PhilCAT on the screening and diagnosis of TB cases.
- Support efforts to generate funds for information dissemination, training, and research activities.

² In a statement released August 2002, the PCR acknowledged that "definite diagnosis of tuberculosis cannot be deduced from a single radiograph but rather in conjunction with clinical evaluation and other diagnosis modalities" and that "sputum microscopy is the diagnostic tool of choice for TB suspects." Further, the statement said that "in cases where radiographic features are suggestive of tuberculosis, to include the need for bacteriologic correlation to highlight the importance of sputum microscopy."

This draft covenant has also been referred for comment and review to the PCR and PhilCAT and is expected to be formalized by the end of 2004.

Similar MOAs with the other specialty societies, such as the Philippine Association of Medical Technologists (PAMET) and the Philippine Society of Pathologists (PSP), are also expected to be drawn up during the end of 2004.

CUP update/MOP revision – Philippine TIPS has given its full support to the DOH request for assistance in revising the Manual of Procedures for the National Tuberculosis Control Program and in updating the “Comprehensive and Unified Policy for TB Control in the Philippines” (referred to as “CUP 2004”).

Philippine TIPS sponsored a workshop to revise the MOP at the Manuel M. Lopez Development Center in Antipolo City, June 21- 23, 2004. Participants were the DOH central and regional officials, Local Government Unit TB Coordinators, and representatives from World Health Organization, Japan International Cooperation Agency, PhilCAT, and Philippine TIPS. The MOP revision was necessitated by the shift from the single-dose formulation to fixed-dose combination (FDC) TB drugs and the expansion of the service delivery network to include the public-private mix DOTS (PPMD) centers, among other policy changes. The revisions in the MOP were subsequently integrated into the CUP 2004 during a writeshop, also funded by Philippine TIPS, held July 21-23, 2004. A 2004 update of the CUP was deemed necessary to make the two documents consistent and to revise the NTP Manual of Procedures to include, primarily, the FDC regimen and the PPMD guidelines.

Philippine TIPS also sponsored a convergence meeting on August 5, 2004, at which the draft document was presented to all stakeholders, both government and private sector. While some of the participants approved the relevant section(s) within their concern, others did not have sufficient time to review the cross-cutting concerns within the CUP 2004, so a follow-up meeting was held.

In cooperation with the Communications/Advocacy Adviser, a technical editor to prepare the CUP 2004 manuscript for printing was engaged. Philippine TIPS has committed to print 5,000 copies of the CUP 2004 before the end of 2004. Philippine TIPS also will print about 10,000 copies of the MOP, to be cost-shared with WHO. This will be printed in December 2004 after the document is finalized.

Covenant with Rotary Club – On September 6, 2004, Philippine TIPS signed a partnership agreement with Rotary International (RI) District 3830 (Makati City) to signify their commitment to mobilize private sector support for the National TB Program. On the same date, RI Philippines launched its STOP TB 2005 Centennial Project at the Manila Polo Club in Makati City and made public its declaration of support to the DOH-NTP. Philippine TIPS co-drafted the declaration and was a principal witness to its signing by the other nine RI district (3770, 3780, 3790, 3800, 3810, 3820, 3850, 3860, and 3870) governors, with Health Secretary Manuel Dayrit and WHO country representative Jean-Marc Olivé as co-signatories.

The intermediate target of the STOP TB 2005 Centennial Project is to identify at least 5,000 new cases of TB by 2005 and refer them to the nearest PPM-DOTS Center for proper diagnosis and treatment. The ultimate aim is to secure long-term support by RI to the national goal of eliminating TB as a public health problem within the next 20 years.

The overwhelming response of the Rotarians may be attributed to their successful anti-polio campaign. Filipino Rotarians would again like to be the first from among the member countries of Rotary International to implement a TB prevention and control program. RI district 3830 is also looking into the possibility of elevating this initiative to RI headquarters in Chicago, Illinois.

Philippine TIPS also signed an MOA with RI district 3780 (Quezon City) on September 11, 2004 at Club Filipino in Greenhills, Quezon City. The DOH, WHO, and PhilCAT participated in this activity. To showcase private sector initiative on TB in the Cavite area, Philippine TIPS invited Dr. Victoria B. Dalay, director of the De La Salle University DOTS Center, Dasmariñas, Cavite, to the Rotary Club Cavite-East meeting on September 8, 2004 in Imus, Cavite. During the meeting, the Rotary Club agreed to set aside P5,000 to be used for initial evaluation of TB patients.

To clearly define the strategic role of Philippine TIPS' partnership with the RI districts, the policy and finance advisor drafted the Protocol for Philippine TIPS Partnership with Rotary Philippines' STOP TB 2005 Program. The draft Protocol provides that Philippine TIPS will:

- Extend advisory services in identifying strategic interventions and activities at the Rotary Clubs under the districts.
- Facilitate the identification of PPMD centers for referrals of TB symptomatics.
- Facilitate access to NTP training.
- Provide training and other IEC materials.
- Facilitate or provide TA on appropriate monitoring tools and technical resources.
- Assist in establishing PPM-DOTS network with the Rotary Clubs.

The draft Protocol also spells out the internal arrangements within the project needed to properly coordinate with the RI districts.

Targets for the third year and next quarter are:

- PDF design and mechanism by January 2005.
- A policy study to start within the next quarter to align TB policies with the Health Sector Reform Agenda, and policy consultations (workshops and roundtable discussions)
- Policy advocacy course.
- DOLE and corporate policies on the promotion of TB patient rights.
- TB control in the workplace program.
- Covenants with Philippine College of Radiology, Philippine Association of Medical Technologists, and others for DOTS quality assurance.
- Covenants with business establishments.
- An implementation program for covenants (e.g., six professional societies, Rotary, others).

Deliverable C: Best Strategies Identified through OR to Improve and Expand TB DOTS Implementation in the Private Sector.

Task 2: Operations Research³

Objective: To inform private sector DOTS model development with reliable, evidence-based information, to identify and provide solutions to key management and operational problems and to enhance program effectiveness.

Targets:

- Continuation of the pilot implementation and monitoring of the pharmacy program in seven sites.
- Completion of the study on a single practice network for DOTS service.
- Continuation of the implementation of the pilot and replication of workplace/workforce models.

Major Accomplishments:

Year 2

- Pharmacy DOTS Initiatives – organization of participating pharmacies (including the four biggest national chains: Mercury Drug Corp., Rose Pharmacy, Watsons Personal Care, and South Star Drugs) in seven sites and the signing of covenants with program partners; completion of training of trainers and training of pharmacy personnel; preparation of IEC materials; and field implementation.
- Single Practice Network Study – completion of rapid appraisal, design, and implementation framework.
- Workplace/workforce model – completion of draft DOTS in the workplace guidelines and pilot implementation of two models for DOTS in the informal workforce.

Quarter 8

- Completion of PDI training, start of field operations and monitoring, and continuing advocacy.
- Completion of SPN design.
- Draft of workplace/workforce replication guidelines finalized; TB Diagnostic Committee organization, support for the expansion of DOTS in the formal workforce, and implementation of DOTS in two pilot informal workforce models (urban and rural).

Pharmacy DOTS Initiative (PDI). The plan calls for an OR on the pharmacy model to be piloted for a period of six months in seven sites: Quezon City, Municipality of Bacoor (Cavite Province), Dagupan City, Iloilo City, Cebu City, Cagayan de Oro City, and Davao City. The PDI concept will involve a number of pharmacies (the owners) in each of the sites in TB control by engaging their active support for and promotion of DOTS. The pharmacists and pharmacy assistants will be expected to (a) give out DOTS IEC materials and key TB-related material to customers inquiring about/buying TB drugs; (b) perform initial TB screening; and, (c) refer suspected TB clients to appropriate DOTS centers. The ongoing pilot implementation is being directly managed by a program team supervised by the health system adviser. The program team is composed of a program manager, an assistant to the program manager, seven site managers and eight field

³ The discussion of activities under Task 2 and Task 3 follows the rationalization and restructuring done for the Year 2 work plan. Task 2 now covers operations research and new DOTS model development, and Task 3 focuses on the enhancement of existing DOTS models.

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workers. Following the rapid appraisal and implementation design, the development of the pilot implementation program was finalized in Year 2. The following are the major accomplishments as of this report:

Organizing participants and forging covenants. The PDI has exceeded its target of 100 participating pharmacies in the seven sites. After the advocacy sessions with the key stakeholders, there was great interest in the program. A total of 170 pharmacies have signed up, broken down as follows:

Mun. of Bacoor	23
Cagayan de Oro City	25
Cebu City	25
Dagupan City	25
Davao City	23
Iloilo City	24
Quezon City	25

Participating are drugstores belonging to the four biggest pharmacy chains nationwide: Mercury Drug Corporation, Rose Pharmacy, Watsons Personal Care, and South Star Drug. In addition, a national declaration of support was signed with Philippine Pharmaceutical Association, the Drug Store Association of the Philippines, the DOH, and PhilCAT (see Exhibit A). MOAs were also signed with RHUs to provide DOTS services to eligible referrals from the pharmacies. The communications/advocacy adviser provided publicity support to many of these activities.

Preparation of IEC materials. Using the audience analysis results, the Philippine TIPS PDI team, in cooperation with the communications/advocacy adviser, organized a series of workshops with technical assistance from two communications consultants, to develop key messages for three communications situations: between site managers and pharmacy owners to introduce and advocate participation in PDI; between site managers/trainers and pharmacists/pharmacy assistants to train and orient pharmacy personnel on their roles and responsibilities in PDI; and between pharmacists/pharmacy assistants and TB clients for information dissemination, prescreening, and referrals to DOTS centers. Philippine TIPS produced three sets of IEC materials that convey messages dealing with the seriousness of the TB situation in the country, the importance of pharmacies' participation in TB DOTS, and the roles of pharmacy owners as well as pharmacists/pharmacy assistants in PDI.

Exhibit A

DECLARATION OF SUPPORT FOR THE PHARMACY DOTS INITIATIVE PROJECT	
<p>PHILIPPINE TUBERCULOSIS INITIATIVES FOR THE PRIVATE SECTOR (Philippine TIPS), a project supported by the United States Agency for International Development (USAID) to promote private sector participation in tuberculosis control, in partnership with the DEPARTMENT OF HEALTH (DOH), Government of the Philippines, and the PHILIPPINE COALITION AGAINST TUBERCULOSIS (PHICAT), and in collaboration with the PHILIPPINE PHARMACEUTICAL ASSOCIATION OF THE PHILIPPINES (PPHA) and the DRUGSTORES ASSOCIATION OF THE PHILIPPINES (DSAP);</p> <p><i>Hereby, acknowledge:</i></p> <p>That, TB is a major public health problem in the Philippines that requires strong, and coordinated efforts of government and the private sector and controlling this disease demands long term commitment, sustained action and hard work;</p> <p>That, the National TB Control Program of the DOH, which endorses the Directly Observed Treatment, Short-course (D.O.T.S.), contains the policy and program framework recommended for all TB control activities in the country;</p> <p>That, self-medication is a common practice among TB patients, a dangerous practice that could lead to inappropriate and incomplete treatment with serious consequences including the development and spread of multi-drug resistant TB strains that are difficult and expensive to cure;</p> <p>That, for many TB patients in the Philippines, the pharmacy is the patients' first, and sometimes, the only point of contact with the health system;</p> <p>That, given this comparative advantage of pharmacies to correct the problems associated with self-medication and its complications, and their potential to provide correct information to the public, a partnership with the pharmacy sector is crucial to TB control in this country;</p> <p>That, through the technical assistance of the Pharmacy DOTS Initiative Project (PDIT), the Pharmacists and Pharmacy attendants of participating pilot pharmacies shall be provided with training on TB and DOTS so that they can,</p> <ul style="list-style-type: none"> • Properly disseminate information and educate the community about DOTS as the appropriate treatment for TB; • Help increase TB case detection within their communities; • Avert the dangerous practice of self-medication by assisting with referrals to DOTS facilities; • Practice a "No Prescription, No Anti-TB Drugs" policy; and, • Help raise the quality of D.O.T.S. service provision in the country 	
<p>THEREFORE, we, as heads of our respective agencies, witnessed by major TB stakeholders, have signed this document as a declaration of our full support for the Pharmacy DOTS Initiative project, which is being launched by Philippine TIPS in partnership with the DOH, PHICAT, PPHA, and DSAP, in the City of Iloilo, on the 17th day of April, in the Year of our Lord, 2004.</p> <p>Signed:</p> <p>Mr. Eladio M. Tinio President PPHA</p> <p>Ms. Celia O. Carlos President DSAP</p> <p>Dr. Ben. Manuel M. Dayrit Secretary of Health Government of the Philippines</p> <p>Dr. Charles Y. Yu Personal Chairman PHICAT</p> <p>Dr. Juan Antonio Perez II Chief of Party Philippine TIPS</p> <p>Witnessed by:</p> <p>Dr. Eduardo C. Javalos CHD I (Iloilo)</p> <p>Dr. Maribel C. Farnes CHD II (Northern Mindanao)</p> <p>Dr. Carlos A. Jover Chief, OPIN USAID</p> <p>Dr. Marlene P. Guevara Health Systems Advisor Philippine TIPS</p> <p>Dr. David J. Leticia, Jr. CHD IV (Southern Tagalog)</p> <p>Dr. Wilfredo C. Ciriaco CHD VI (Southern Mindanao)</p> <p>Dr. Andres C. Somiento Executive Director PHICAT</p> <p>Dr. Roderick C. Nomala Technical Coordinator Philippine TIPS</p> <p>Dr. Lydia Depina-Ramos CHD II (Western Visayas)</p> <p>Dr. Gerardo V. Bayuga CHD MCR (Metro Manila)</p> <p>Dr. Andre Daniel E. Villanueva Manager, PDI Philippine TIPS</p> <p>Dr. Jaime Y. Lagana Director IV Dept. of Health</p>	

Training of trainers and roll out to pharmacy personnel – Two training of trainers' sessions were conducted in December 2003 and February 2004. A total of 21 master trainers were taught how to train participating pharmacy personnel. This was followed by a series of sessions completed in July 2004 designed to teach pharmacy personnel to implement PDI tasks. In all, 1,260 pharmacists, pharmacy assistants and owners, as well as food and drug regulating officers and DOTS Center administrators participated in 45 training sessions conducted in the seven PDI sites.

Field operations. With the knowledge and skills acquired from the PDI training program, participating pharmacies started implementing the project's major tasks (pre-screening, information giving, IEC dissemination, and referral to certified DOTS centers) during the last week of July. Field implementation was monitored closely by site managers and PDI staff using tools developed by the project. Early results from field monitoring showed that during the first month of implementation, PDI-participating pharmacies across the seven sites screened and referred 305 TB cases to the DOTS centers. Of these, 84 percent were referred to public DOTS facilities (RHUs) and the remaining clients were referred to PPM DOTS facilities.

Monitoring and supervisory visits. As part of the OR support to the PDI project, a series of monitoring and supervisory visits to the PDI sites were undertaken by PDI management staff. The purpose of these visits was to pinpoint operational issues and, with the participation of the site managers, identify solutions to these problems. These visits focused on (a) gathering relevant data on critical project performance indicators, (b) maintaining pharmacy records of contacts with customers inquiring about or buying TB drugs, and, (c) monitoring the outcomes of referrals to DOTS centers.

Reports from participating pharmacies indicate that patients on anti-TB medication for more than a month were interested in taking advantage of the free drugs at the DOTS centers because of financial constraints. Despite being referred to the public DOTS centers, these individuals could not be accommodated because "there is no drug allocation" for them, based on current interpretation of NTP guidelines. Responding to these cases, Philippine TIPS negotiated with the DOH to allocate anti-TB drugs for patients in this "new" category. The DOH agreed to do this in the PDI pilot areas but required that there should be a protocol whereby these patients would be evaluated first by the TB Diagnostic Committee. This decision was relayed to the site managers for their guidance. In the meantime, through the technical assistance provided by DOTS specialists in Task 4 (replication/expansion of DOTS models), Philippine TIPS prepared a document for this category of TB patients to document and provide a standard guideline in dealing with these cases to satisfy NTP requirements.

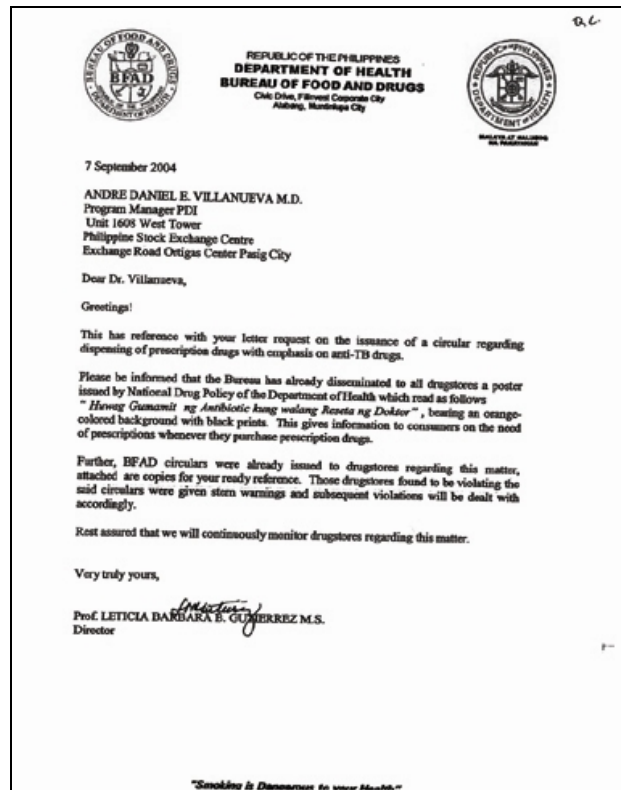
Philippine TIPS asked the Bureau of Food and Drugs (BFAD) to remind pharmacies about the strict implementation of the "No prescription – no anti-TB drug dispensing" policy. BFAD responded with a letter reinforcing its support of this policy that it sent out to drugstores throughout the country (see Exhibit B). PDI site managers were instructed to distribute among PDI-participating pharmacies copies of BFAD's letter with the attachments. A copy will also be given to the local BFAD offices for distribution to all non-PDI pharmacies. BFAD also committed to circulate among all pharmacies posters that convey the policy.

Sustaining strong linkages with partners. PDI continued to strengthen its linkages among major stakeholders in support of the initiative.

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- PDI held coordination meetings with the DOH Central Office and local government units (LGUs) to update them on the progress of PDI implementation. These meetings allowed PDI and its partner agencies to ventilate issues and concerns that needed to be addressed.
- PDI coordinated with the Philippine Tuberculosis Society, Inc. (PTSI) in Cebu City, the first PPM DOTS operating in this place, to formalize PTSI's acceptance of referrals from PDI-participating pharmacies.
- The Philippine Pharmaceutical Association of the Philippines, Drug Stores Association of the Philippines, Mercury Drug Corporation, and Watsons Personal Care Stores were invited as stakeholders to the first organizational meeting of the Regional Coordinating Committee for the National Capital Region. The meeting was organized by the Philippine TIPS DOTS Fund Program of (Task 4).

Exhibit B



PDI advocacy and information dissemination. Continuing efforts to raise project awareness and obtain stakeholders' endorsements of the PDI project were pursued using a variety of channels:

- The PDI project was presented to a national meeting of the deans of medical schools who received the Philippine TIPS Master TB Educators Award (MTBEA)
- Early experiences of the project were shared as well to a large group of TB champions during the 11th Annual PhilCAT Convention. An exhibit of PDI information materials at the convention generated plenty of interest from participants, especially Cambodian delegates.
- Some 2,000 delegates to the 8th National Convention of the Drugstores Association of the Philippines (DSAP) learned about PDI and its accomplishments when the PDI program manager presented the project in a plenary session.
- An orientation and advocacy session was conducted for pharmacists and pharmacy interns enrolled in the Clinical Pharmacy Program of the University of San Carlos in Cebu City.
- Articles on PDI and TB appeared in the July and August issues of the *DSAP Newsletter* as well as in the latest edition of *Better Pharmacy*, a compendium of pharmaceutical drugs distributed to pharmacies nationwide. Local news papers carried the PDI initiative in their front page coverage.

Single practice physician network (SPN) model. The SPN model development started with a field appraisal to gauge the operational viability and sustainability of a virtual set up for DOTS services. Patterned after the experience in Chennai, India, the model requires the organization of a network of services and resources within the community, each component working in a coordinated fashion. The network could be managed by a designated manager who may be appointed from the players within the network or by an external volunteer. Initially called "the virtual DOTS center," the model has been renamed *DOTSLink* to underscore the network

concept. The development of this model hinges on the rationale that single practice physicians (SPPs) are numerous and widely dispersed. They number from 12,000 to 15,000 throughout the country, with significant potentials to contribute to TB control efforts.

The essential design of the model consists of establishing a network/system of participating stand-alone physicians integrated into the NTP DOTS system. Such a system should allow for stand alone physicians participating in the *DOTSLink* to have access to continuous supply of TB drugs from NTP and to microscopy services if these are not available in their clinics. The design should be physician- and patient-friendly. Other management concerns such as default tracing and recording can be arranged, preferably with local government support, by mobilizing local resources and volunteer groups in the community. With the *DOTSLink* system in place, patients of SPPs in a particular community will be correctly diagnosed and effectively treated through DOTS while remaining under the care of their private doctor. Moreover, *DOTSLink* will also provide patients with alternative sources of DOTS services if they are willing to be referred to a health center or private DOTS Center if this is available.

Acting on USAID's recommendations to first conduct a feasibility study before launching a full-scale pilot testing, the health systems advisor has begun working with a local consultant (who was earlier commissioned to develop the implementation/work plan for the piloting of the SPN model) on the conduct of an in-depth analysis of the feasibility of setting up a single practice network. The feasibility study will help determine the actual willingness of key players to get engaged in *DOTSLink* and assess the operational and financial viability of such a design for stand-alone physicians. It will consider the actual market for such an undertaking, taking into account the socioeconomic and political realities in the areas. Four potential sites were identified (Bacolod, Dumaguete, Lucena, and Cagayan de Oro cities) for pilot implementation of the SPN model. The study will be conducted in two of these sites. These two sites will be selected after the initial assessment visits and consultations with potential partners in these sites are completed.

Overall, in the first year project implementation, Task 2, through the OR Working Group, established a consultative mechanism for identifying OR studies and strengthening the partnership building approach. The consultative approach has served all parties through sharing of knowledge and research outputs. The primary tool for determining enhancements of existing models and some of the priority studies for new model development were completed, enabling pilot implementation of DOTS programs to proceed. The situation analysis tool developed by the project can also be adapted as a standardized tool for DOTS service assessments and will be useful for the public sector, public-private mix, and similar set-ups implemented outside of the TIPS project. The new workplace/workforce, pharmacy and single-practice models are path-breaking concepts. Finally, the pioneering studies completed by Philippine TIPS will be useful references for charting lessons learned in the effort to arrive at best practices for private sector DOTS programs.

Workplace/workforce model development. The models being developed under the PBSP subcontract are service structures for the formal workforce and for the informal workforce with ties to its formal counterpart. PBSP did the pilot implementation of the formal workplace model (with pre-employment and annual medical examinations) in three companies – Central Azucarera de Don Pedro Inc., American Standard Inc., and Toyota Motors Philippines. In the evaluation of the pilot implementation, the following conclusions were reached:

- A company's willingness to implement DOTS is critical to its involvement in the program.
- Companies with a tradition of strong programs for employee health and welfare can facilitate program implementation.

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- The promise of a PhilHealth TB outpatient package reimbursement alone was not a sufficient incentive for company clinics to apply for DOTS certification.
- TB education mixed with management advocacy is necessary for most management groups.
- The possibility of using the existing health service infrastructure and having to make minimal investment in finance, time, and resources persuaded companies to consider participating.

Draft replication guidelines based on the experience and the results of the evaluation were prepared. These guidelines have been presented to a TB expert panel for review prior to finalization.

With input from the communications/advocacy adviser, PBSP conducted a CEO forum in January 2004 to showcase its work in the three pilot companies. At the end of the forum, six companies expressed interest in the DOTS program. Four possibly will set up DOTS replications: GST Philippines, Negros Navigation, Medicard (HMO), and Wyeth Philippines. One other company, DOLE Asia/Philippines, wanted to integrate DOTS into its corporate social responsibility program.

PBSP also started the pilot implementation of the model for the informal workforce with ties to the formal sector. Expanding its Workplace ++ model, CADPI pursued the development of its model to capture non-employee and non-dependents into the DOTS system. CADPI is collaborating with the Batangas Provincial Health Office and with six rural health units from four municipalities close to CADPI in the implementation of this model. Called the Batangas Network of Referrals, this expanded model initially is targeting the identification and treatment of 60 new TB patients (30 had been referred as of September, 2004). Target beneficiaries are workers in the informal sector who provide ancillary services to CADPI through subcontractors, as suppliers (e.g., farmers who sell their sugar cane produce to CADPI), or as seasonal service providers (cane cutters during the harvest season).

In addition, following the rapid appraisal to determine the best way to set up a community program, WG&A Corporation mapped out links with the Pier 4 Porters' Association, the community of the Parola, Tondo, Manila, and the Manila City Health Office. PBSP is pursuing the development of the urban informal sector model. The emerging service provision framework will involve the WG&A Corporation, a youth organization based in the community and the Manila City Health Office.

In the last quarter, this component of the project accomplished the following:

Informal Workforce model

Volunteer health workers (VHWs) from Kagabay are supervising the treatment of 22 TB patients from Barangay 20, Parola, Tondo. There are 30 TB patients from the six pilot barangays in Nasugbu. All patients were identified as symptomatics by the project's volunteer health workers. A TB Diagnostic Committee for Western Batangas was also organized through the project.

Replication

Replicants (both formal workplace and informal workforce) are at various stages of pre- and actual implementation phases. During the reporting period, several companies that are replicating the DOTS workplace/workforce models were provided advocacy and capability-building support.

- DOLE Philippines-Stanfilco (in three regions in Mindanao) and Central Azucarera De La Carlota (Bacolod/Visayas) plan to replicate the informal workforce model.

- All Cebu-based companies plan to replicate the Workplace-Public Referral model. These are DMC Busa, Cebu Private Power Corporation, Lexmark International, Fairchild Semi-Conductors, Pacific Traders Manufacturing Corporation, and East-Asia Utilities.
- PBSP launched its own corporate TB policy, making it perhaps the first NGO that has a comprehensive, written policy that adheres to the DOTS strategy. PBSP has referred its TB patient (Category 1) to a PhilHealth-accredited DOTS Center.
- GST Philippines, replicating the Workplace-Public Referral model, is the first company to refer a TB patient (Category 1) to the San Joaquin Health Center (DOTS Center).

Formal Workplace Models (Pilots)

Implementation, diagnosis, and treatment of TB patients, and monitoring of the pilot sites are ongoing. As part of quality assurance, PBSP conducted a fixed-dose combination training for two of the pilots, Toyota Motors Philippines and American Standard Inc. PBSP also adopted the “Express Bus Aralan” for TB education at American Standard. This is an alternative education method where a TB educator rides the company bus and conducts education sessions while the employees are in transit to and from work.

Advocacy and Documentation

The Executive Briefing on TB-DOTS in the Workforce was held in Cebu City in July. Nine companies attended, six of which are now involved in pre-implementation activities for their DOTS workplace programs. A video documentation of the CADPI Workplace++ model was initially presented at the PhilCAT convention. PBSP and its partner peoples’ organization for the urban informal sector model (Kagabay) also presented at the convention. The first draft of the Replication Guidelines for DOTS in the Workplace was reviewed by a TB experts panel, and submitted to Philippine TIPS.

Other Activities Undertaken

- Participation in Philippine TIPS Integrated Communications Strategy planning workshop.
- Participation in NCR Regional Coordinating Committee for PPMD.
- Operations Planning for the Barangay TB Management Council, Nasugbu, September 8-9 (under the Informal Workforce Model).
- Top management project orientation and organization of the Technical Working Group (TWG) for DOLE Asia, August 10, Davao City.
- Top Management and Organization of the TWG for Central Azucarera La Carlota, September 2, La Castellana, Negros Occidental.
- TB Educators’ Training: Aug. 24-26, DOLE Asia, Davao City.
- Project Management Training, Sept. 10-11, La Carlota, Negros Occidental.

The targets for the third year and the next quarter are:

- Continuation of the pilot implementation through January 2005, evaluation by February 2005 and eventual roll out of the pharmacy program to all pharmacies in the seven sites.
- Completion of the feasibility study on a single practice network for DOTS service by November 2004, pilot implementation starting January 2005, and preparation of replication guidelines after the six-month pilot.
- Continuation of the implementation of the pilot and replication of workplace/workforce models and of advocacy efforts aimed at PBSP member. Also TB DOTS Educators’ Training for La Carlota, Oct. 11-13; Project Management Training for DOLE Asia, October 19-20, and regular monitoring visits to project sites and Preparation of the Evaluation Framework for the Informal Models.

Deliverable D: Private Sector TB DOTS Service Models Implemented in Specific Areas to Demonstrate Potential for Replication.

Task 3: DOTS Model Development

Objective: To complete the enhancement plan and replication guidelines of the four existing DOTS models

Targets:

- Complete the implementation of the enhancement plan for existing DOTS models: hospital-based (Manila Doctors Hospital); multi-sectoral clinic-based (FriendlyCare-Cubao); coalition-based (De la Salle/Cavite); and HMO-based (PhilamCare).
- Conduct second situation analysis and prepare replication guidelines.

Major Accomplishments:

Year 2

- Conducted situation analysis of the above four models as well as Unilab's corporate social responsibility-based model.
- Conducted a study tour of public-private mix DOTS experiences in India, Kenya, and the Netherlands.
- Recommended and implemented an enhancement program for the above four models and conducted the second situation analysis to determine the impact.
- Drafted replication guidelines based on the experience of the four models and integrating therein the formal workplace model guidelines.
- Started the conceptualization and desk review related to the development of TB Center of Excellence.

Quarter 8

- Completed the second situation analysis and draft of the replication guidelines
- Presented findings and lessons learned on the enhancement of the four models in the 2004 PhilCAT convention.
- Completed the initial concept paper and local desk review for the Philippine TB CoE development.

DOTS models enhancement. The project completed the situation analysis of the four PhilCAT-CDC-sponsored DOTS programs (Manila Doctors Hospital, PhilamCare, DLSU-HSC, and Unilab) and FriendlyCare in October 2003. Philippine TIPS organized a series of dialogues and consultations with the Foundation for the Advancement of Clinical Epidemiology or FACE (the project subcontractor) and the DOTS clinics' management staff (except for Unilab). Results were jointly reviewed, identifying the strengths, gaps, and weaknesses of the clinics. Individual enhancement plans were drawn up and were based on certain critical aspects of the DOTS strategy, namely:

- Improving the system of ensuring the direct observation of treatment (DOT) component;
- Ensuring quality smear microscopy results by facilitating laboratory technician attendance at DOTS training, setting up a laboratory quality assurance system and defining and organizing a functional diagnostic committee.
- Maintaining and updating of clinic TB registers and establishing a system of routine reporting of clinic performance indicators based on the NTP guidelines, including holding separate training workshops on recording and reporting of clinic program performance.
- Developing institutionalized mechanisms of ensuring a sufficient drug supply from the DOH.


- Clearly defining the support needed from high-level organizational decision-makers (beyond the clinic manager level).
- Developing various training materials for DOTS staff capacity building and IEC materials for increasing private physician referral and treatment adherence and completion.

The individual enhancement plans were implemented from January to April 2004. Clinic enhancements included the following:

- Technical assistance was provided in formulating institutional mechanisms for the four DOTS centers' participation in the NTP quality-assurance program, including DOTS training; microscopy training; reference laboratory identification; and external supervision, monitoring, and evaluation.
- Technical assistance was provided in the drafting of a memorandum of agreement with the DOH that will institutionalize the following components of the DOTS delivery system in the four clinics: inclusion of private sputum microscopy centers in NTP's external quality-assurance system; provision for a regular drug supply and procurement system; inclusion in NTP's external supervision, monitoring and evaluation system; and provision for a regular supply of sputum microscopy reagents and NTP forms.
- Technical assistance was provided in facilitating the PhilCAT certification of MDH and PhilamCare. MDH and PhilamCare DOTS implementers were given coaching on the proper completion of the PhilCAT certification self-assessment and survey tool as well as priority in regard to the visit of the PhilCAT certification team. As a direct result of these efforts, MDH and PhilamCare were given their certification on March 19.
- Technical assistance was provided in facilitating PhilHealth's reimbursement of DOTS service delivery fees. As an offshoot of discussions with PhilHealth on this issue, a half-day seminar workshop on the proper accomplishment of PhilHealth forms was conducted by Philippine TIPS on February 2 for the DOTS implementers. This was intended to correct the common deficiency of improper completion of reimbursement forms and incorrect information provided in the forms.
- A half-day training workshop on recording and reporting was conducted by Philippine TIPS on February 2 to help ensure that DOTS clinics maintain and update their TB clinic registers. User-friendly Microsoft Excel-based software has been developed, with technical assistance from FACE, to allow recording of data from the laboratory and the TB registers. The software will enable the DOTS clinic staff to generate the quarterly reports and program indicators automatically. A training module on recording and reporting was also developed for DOTS implementers.
- Technical assistance was provided in the preparation of financial analysis and business plan for the DOTS clinics through a consultant hired under contract with FACE.
- A workshop on financial management was conducted on March 10 for the DOTS implementers. The workshop discussed basic principles of accounting; it also walked the participants through the generic business model. Based on workshop discussions, it was recommended that the DOTS clinics should have a separate book of accounts (subsidiary ledger) to record and track their expenses.
- Philippine TIPS arranged a workshop on the use of fixed-dose combination (FDC) anti-TB drugs. The workshop, held March 19, sought to orient the DOTS implementers on the correct application of the treatment protocol using the DOH-provided FDC anti-TB drugs, which replaced the single dose formulation.
- IEC materials were developed and produced. These materials include a brochure that directs physicians to refer TB suspects to DOTS centers, a flipchart for clinic staff who orient the treatment partners, and a take-home brochure for treatment partners. Also part of IEC support was the compilation of an inventory of existing IEC materials on TB and DOTS, and the

development of a simple IEC monitoring and evaluation design that the DOTS programs themselves can carry out. The communications/advocacy adviser provided substantial input in the development and finalization of these IEC interventions.

- A laptop computer, printer, and two cellular phones were provided to DLSU-HSC. This equipment is intended to help the DOTS clinic pursue its recording and reporting as well as defaulter tracing functions.

Initial replication guidelines. Taking off from the experiences and practices observed during the first situation analysis of five private DOTS programs, FACE completed the initial guidelines for the replication of these DOTS models. The guidelines present the necessary tools to help a private institution put up a PPMD clinic within the framework and peculiarities of the different models mentioned above. For each of the five models, the guidelines describe the process of setting up a PPMD clinic, including getting the commitment of the parent organization, choosing the right people to run the clinic, meeting the certification and accreditation requirements, and understanding the financial aspects of putting up and maintaining a PPMD unit. Samples of the necessary forms (e.g., the treatment partner contract form and the PhilHealth accreditation form), IEC materials for treatment partners and referring physicians, and support modules (e.g., the treatment partner orientation module and the TB management information system) are appended . The initial replication guidelines provide the building blocks for the final replication guidelines.

Second situation analysis. Through the Institute of Philippine Culture of the Ateneo de Manila University, a second situation analysis of the DOTS program of four TIPS-assisted models, (Manila Doctors Hospital, DLSU-HSC, FriendlyCare Cubao, and PhilamCare UN Avenue) was conducted from May to August 2004. This analysis assessed the results of the implementation of the enhancement plans. It used the same data-gathering instruments applied in the first analysis. It specifically examined the impact on quality of care as well as the efficiency and effectiveness of DOTS service delivery. The general finding is that the enhancements have significantly upgraded the implementation of DOTS at different points of the system, leading to the fulfillment of the key components of the DOTS strategy. Lessons learned and best practices distilled from the second analysis were put into the replication guidelines.

Final DOT model replication guidelines. A consulting team led by a TB expert from the project's international partner, the NTBC, together with two local experts who worked on the evaluation and enhancements of the five DOTS models (HMO, hospital-based clinic, multi-sectoral clinic, workplace-based clinic, and local coalition-based clinic) was commissioned to develop the final guidelines for the replication of PPM DOTS centers. The draft final guidelines feature a more concise, step-by-step guide to establishing a PPM DOTS unit. It is now in the final stages of review.

The task of providing subsequent enhancement and technical support to the CDC-funded clinics that were also supported under Philippine TIPS has been turned over to the Task 4 manager, with continuing support and coordination from the Task 2 manager, during the transition period. Consultations within Philippine TIPS and between Philippine TIPS and the clinic managers are being held to develop plans for Philippine TIPS support of these clinics.

PPM DOTS study tour. Still part of the enhancement program, TIPS organized a study tour on PPM DOTS in three countries: India, Kenya and the Netherlands. The participants included the TIPS technical coordinator, the health system advisor, the program manager for the DOTS in the workplace study and representatives from the DLSU, MDH, PhilamCare, and FriendlyCare programs. The tour was conducted from October 12 to 28, 2003, and the states visited were Chennai, Hyderabad, and New Delhi in India, Nairobi in Kenya, and The Hague and Haarlem in

the Netherlands. These sites were identified by the WHO sub-group on public-private mix (PPM) DOTS as potentially being the most instructive for the Philippine situation. The team was able to observe and cull lessons from various PPM modalities, including an NGO-coordinated service in Chennai, a private hospital-based program that filled the gap even for the public sector service in Hyderabad, a public facility linked to private referring physicians in New Delhi; and a private DOTS clinic accessing low priced-drugs supplied by a local pharmaceutical company in Nairobi. In the Netherlands, the team got a briefing of the KNCV program including how the public-private collaboration was institutionalized. Lessons learned were put into the existing PPM DOTS models enhancement programs.

Development of centers of excellence. Viewed from a sustainability perspective, the establishment of a local center of excellence is seen as a logical step to consolidating the gains of Philippine TIPS' efforts to improve private sector participation in the effective control of TB in the country at the level of existing sustainable technical institutions. One of the underlying tenets of the project is to build on existing infrastructure and improve capacity for institutional development on the private sector side in cooperation and coordination with the National TB Program.

With this objective in mind, Philippine TIPS is exploring the development of one or more Philippine TB Centers of Excellence (CoE) that will provide leadership in TB education, training, research, and quality improvements in the delivery of effective TB services. The CoE is also envisioned to advance the field of TB treatment and control by providing venues for regular dialogues with national and international experts in the field. The development of the CoE will be planned and coordinated closely with the DOH and PhilCAT.

Dialogues and consultations were conducted to begin the process of developing the concept of and vision for the CoE. These consultations included NTBC (Dr. Lee Reichman and Dr. Bonita Mangura) and Chemonics (Linda Zackin). An initial consultative committee was formed within the project core technical team, with Dr. Reichman as the designated international advisor, and key technical staff of Philippine TIPS on the committee. The agreed approach to develop the CoE is described below.

- Conduct of a desk audit of local and international TB and related CoE experiences. The Philippine TIPS field office has completed the desk review of Philippine CoE experiences. The home office is doing a parallel review of international CoE experiences
- Conduct of a study tour in the United States to acquire first-hand information on the operations and structures of existing CoEs on TB. Suggested sites to visit are the three CDC model TB prevention and control centers: the Francis J. Curry National TB Center in San Francisco; the New Jersey Medical School National TB Center in Newark; and the TB center at Harlem Hospital in New York. Lessons gained from observation of how these centers operate will inform the conceptualization of the Philippine TB Center of Excellence.
- Prepare a preliminary framework and design of the CoE that should include, among others, a description of its features, potential functions, structural/ institutional set-up, financial sustainability, and operational arrangements for selection. In particular, the questions to be answered are the following:

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<i>Features</i>	What should be the scope of the areas for development? Should it include education, training, research, certification standard development, policy review and formulation, advocacy, IEC development, quality assurance?
<i>Functions</i>	What are the functions it should play as a technical resource to other TB stakeholders?
<i>Structural/ Institutional Set-Up</i>	Should it be a single institution that should have capabilities and leadership in all of the above areas for development, or should it be a network of organizations each of which would have a specific expertise in any of the areas for development, with one designated coordinator of an integrated development program? Should the CoE be a government or private entity? What will be the roles of the DOH and PhilCAT in developing and maintaining CoEs? Is there a more appropriate entity that should oversee the maintenance of standards of a CoE?
<i>Financial Viability</i>	What is the best mechanism to sustain the operations of a CoE beyond the initial grant for its development and start-up investments?
<i>Operational Arrangement for the Selection of CoE Awardee</i>	Should it be a targeted list of competitors, particularly from the MTBEA awardees? If the CoE will be opened to other organizations what will be the criteria for selection? Post-TIPS, will PhilCAT ensure the CoE grantee's adherence to the standards set? Will this be awarded to only one organization, or will it have satellites in the other parts of the country?
<i>Partners and Stakeholders</i>	What roles and functions will the DOH and PhilCAT take in this initiative? Are there other critical agencies and organizations to be tapped for this initiative? Which are these agencies?

The above mentioned considerations will be answered and defined after a thorough desk review, consultations with experts, and consideration of lessons that will be gleaned from the study tour. A report on this activity will be included in the next quarterly report.

The targets for Year 3 and the next quarter are:

- Finalize replication guidelines within the next quarter
- Conduct a CoE study tour in November 2004
- Finalize a concept paper and conduct a feasibility assessment for the CoE
- Identify the selection criteria and process

Deliverable E: Best TB DOTS Approaches/Service Models Implemented in at Least 25 Units Located in Strategic Cities/Large Municipalities Nationwide.

Task 4: DOTS Model Replication

<p>Objective: To implement through a grant program the replication/expansion of at least 20 private DOTS units in strategic sites nationwide.</p> <p><u>Targets:</u></p> <ul style="list-style-type: none"> • Award grants to the DOTS Center implementers in 22 sites listed in Box 1 below. <p><u>Major Accomplishments:</u></p> <p><i>Year 2</i></p> <ul style="list-style-type: none"> • Awarded 20 grants for DOTS implementers in 17 sites <p><i>Quarter 8</i></p> <ul style="list-style-type: none"> • Signed grants agreements. • Commenced operation of DOTS Center grantees.
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DOTS replication/expansion program. The project identified 22 sites where the setting up of PPM DOTS centers will be targeted (see Box 1). Implementation will be through grants amounting to a maximum of P1.12 million awarded through a competitive process.

Box 1 : TIPS DOTS Model Replication Sites

Luzon	Visayas	Mindanao
1. Manila	1. Iloilo	1. Cagayan de Oro
2. Bacoar	2. Bacolod	2. Ozamis
3. Quezon City	3. Roxas	3. Davao
4. Batangas	4. Cebu	4. Cotabato City
5. Lucena	5. Dumaguete	5. Zamboanga City
6. Cabanatuan	6. Tacloban	
7. Angeles		
8. Naga		
9. Puerto Princesa		
10. Tuguegarao		
11. Dagupan		

From January to early March the project conducted a “road show” that featured an initial briefing on the grants program and Basic DOTS training and certification of referring physicians (through PhilCAT). The implementation plan for the road show was prepared and coordinated with the Global Fund project, which has a similar objective of establishing DOTS PPM programs in strategic sites nationwide. The project also partnered with similar activities such as Unilab Medical Education and Development (UMed), Philippine College of Chest Physicians (PCCP), and other professional societies to help organize participants. The program for the road show workshop included the following topics:

- A backgrounder on TIPS and related initiatives
- National TB Core Policy: NTP and DOTS
- PHIC TB Outpatient Benefits Package
- DOTS PPM: What, Why, How

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- Briefing of TIPS DOTS Fund grants

A total of 556 participants, most of which are TB-treating physicians, attended the workshops, and 302 applied for certification by PhilCAT. Box 2 provides a listing of workshops conducted and the number of attendees and certified DOTS referring physicians.

Box 2: Basic DOTS Training Course

Date/Venue	City (Region)	Attendance	No. of Physicians Who Applied for PhilCAT Certification	Institutions interested in Applying DOTS Fund Grants
January 22, 2004, Thursday Diamond Hotel	Manila Bacoor, Quezon	44	24	Lung Study Group Foundation
January 27, 2004, Tuesday Pryce Plaza	Cagayan De Oro, Ozamis (Region 10)	29	21	NORMINCAT
January 29, 2004, Thursday Marco Polo Hotel	Davao City (Region 11)	56	29	DACICAT
February 6, 2004, Friday Crown Hotel	*Naga (Region 5)	60	39	Camarines Medical Society
February 10, 2004, Tuesday La Parilla Hotel	Cabanatuan (Region 3)	31	25	Premiere General Hospital
February 16, 2004, Monday Gerry Roxas Foundation	Roxas City (Region 6)	25	7	PTSI
February 13, 2004 Star Plaza Hotel	*Dagupan (Region 3)	25	16	Pangasinan Coalition Against TB (PangCAT)
February 17, 2004, Wednesday Days Hotel	Iloilo (Region 6)	29	21	Citizen's Ilongo Coalition Against TB
February 18, 04, Friday L'Fischer Hotel	Bacolod (Region 6)	68	28	PCP Western Visayas Chapter
February 23, 2004, Monday Holiday Inn Mimosa	Angeles City (Region 3)	31	9	Angeles University Foundation
February 24, 2004, Tuesday Waterfront Hotel (Lahug)	Cebu (Region 7)	16	7	Philippine College of Chest Physician
March 10, 2004, Wed Fort Ilocandia Resort Hotel	Laoag City (Region 1)	32	11	Philippine Academy of Family Physicians
March 11, 2004, Thursday Garden Orchids Hotel	Zamboanga City (Region 9)	15	9	Zamboanga Medical Society
March 18, 2004, Thursday Barcelo Asturias Hotel	Puerto Princesa (Region 4)	29	20	Girl Scout of the Philippines
March 22, 2004 Estosan Hotel	Cotabato City (Region 12)	11	6	Cotabato Medical Society
March 26, 2004, Thursday Bethel Guest House	Dumaguete (Region 7)	24	15	Silliman Medical Center

Box 2: Basic DOTS Training Course

Date/Venue	City (Region)	Attendance	No. of Physicians Who Applied for PhilCAT Certification	Institutions interested in Applying DOTS Fund Grants
March 29, 2004, Monday Queen Margarette Hotel	Lucena City (Region 4)	17	9	Quezon Medical Society
March 31, 2004, Wednesday Alejandro Hotel	Tacloban (Region 8)	14	6	Divine Word Hospital
Total		556	302	

* PCCP sponsored sessions

Grant procurement. A formal announcement of the grant procurement was published in two national newspapers on March 21 and 28, 2004. The request for applications (RFA) was issued on April 1, 2004. In the publication the applicants were advised to periodically refer to the project Web site for updates and bid bulletins. The deadline for submission of applications was May 31, 2004. After the issuance of the RFA, the TIPS team conducted proposal writing workshops during the whole month of April and early May for all interested parties to assist them in preparing their application. While the team in no way provided the substantive and strategic content required, it clarified eligibility and technical requirements, gave information on the process, and highlighted the responsibilities of Philippine TIPS and that of the grantees to ensure leveled expectations with all parties concerned.

Box 3. Summary of Proposal Writing Workshops

Date/Place	Site	Participants	Number
April 2, 2004 Manila City	Manila	UP PGH	1
	Quezon City	PTSI	3
		FEU-NRMF	1
April 14, 2004 Cagayan de Oro City	Cagayan De Oro	CDO Coalition: Northern Mindanao Coalition Against Tuberculosis	1
		Xavier University	1
		Maria Reyna Hospital	2
		Northern Mindanao Medical Center	1
		Bai Lawanen Jaycees	2
		DOH NTP Coordinator	1
April 15, 2004 Davao City	Davao	Health Management and Research Group	1
		Brokenshire Hospital	2
		Philippine Agency for Community and Family, Inc.	1
		San Pedro Hospital	2
		People's Adoption to Total Health Sufficiency	1
		Davao Coalition Against TB	1
April 23, 2004 Cebu City	Tacloban	CareMeds Phils. Inc.	1
		RTR Hospital	1

Box 3. Summary of Proposal Writing Workshops

Date/Place	Site	Participants	Number
		Divine Word Hospital	1
		Bethany Hospital	1
		Fortune Drug	1
	Dumaguete	Silliman University	1
	Ozamis	Faith Hospital	1
		DOH-NTP Coordinator	1
	Zamboanga	Zamboanga City Medical Hospital	1
	Cebu	BAGA/Chong Ima Hospital	1
April 27, 2004 Iloilo City	Iloilo	Citizens Iloilo Coalition Against TB	2
		WVSU-College of Medicine	2
	Roxas	St. Anthony College Hospital	1
		MMGGHSC	1
	Bacolod	PAFP, Neg. Occ	2
April 29, 2004 Angeles City		Riverside Medical Hospital, PCOM	1
	Dagupan	Dagupan Doctors' Villaflor Hospital	1
		TheraHealth-MOC	1
	Cabanatuan	Premiere Gen. Hospital	3
	Angeles	AUF Medical Center	1
May 4, 2004 Batangas City	Laoag	Rañada General Hospital	1
	Batangas	Batangas Medical Hospital, PAFP	3
		Phil. College of Physicians	1
	Lucena	Quezon Medical Society	1
May 7, 2004 Phil TIPS Office	Naga	None	
	Cotabato	Cotabato Doctors' Hospital	1
	Manila	Abot Kamay, Inc.	3
		Unang Lingap Kapwa Phils, Inc.	2
		Canossa Tondo	3
		CFC-Medical Missions	1
June 17, 2004 Phil TIPS Office	Palawan	Palawan Coalition Against TB	1
	Bacoar, Cavite	St. Dominic College of Arts and Sciences	2
		CFC-Medical Missions	2

A total of 25 applications from 16 sites were received (see box 4). No applications were received from the following sites: Lucena, Naga, Cebu, Dumaguete, Ozamis, and Cagayan de Oro. Multiple applications were received from Manila (3), Quezon City (2), Roxas (2), Tacloban (3), and Davao (4). At the outset of the selection process, the team decided on the basis of population and non-overlapping of catchments to make two awards in Manila, two in QC, one in Roxas, two in Tacloban, and two in Davao. The selection process was conducted in June and done in two stages. First, applications were screened for compliance with eligibility and documentation requirements, and second they were evaluated technically based on the criteria described in the RFA. In the pre-screening stage, three applications were found ineligible and did not comply with basic technical requirements, thus leaving 22 for the second stage. Of those, four proposals did not meet the evaluation criteria or were rated lower than competing proposals. Eighteen were recommended for award and were approved by USAID.

Box 4. List of Applicants for DOTS Fund Grant

Site	Applicant	Decision
Laoag	Dr. Antonio A. Ranada Clinic and Hospital	Recommended for Award (RA)
Dagupan	Dr. Vivencio Villaflor Sr. Medical Foundation	RA
Angeles	AUF Medical Center	RA
Cabanatuan	Premier General Hospital of Nueva Ecija, Inc.	RA
Manila	Pulmonary Research Foundation of the Philippines Inc. (under UST Hospital)	RA
Manila	Canossa Health and Social Center Tondo, Manila	RA
Manila	Yaman Lahi Foundation Inc. (under Emilio Aguinaldo College)	Did not meet basic technical requirements
Quezon City	Philippine Tuberculosis Society Incorporated (PTSI)	RA
Quezon City	FEU Nicanor Reyes Memorial Foundation	RA
Bacoor	Couples for Christ Medical Mission, Inc.	Failed technical evaluation
Batangas	Samahan ng Batanguenong Diabetiko, Inc.	RA
Puerto Princesa	Agape Rural Program	RA
Iloilo (North)	Citizens (Iloilo) Coalition Against Tuberculosis Inc. (CiCAT)	The applicant submitted two proposals. It was made to choose which site and it opted for the South catchment, which was recommended for award
Iloilo (South)	Citizens (Iloilo) Coalition Against Tuberculosis Inc. (CiCAT)	
Roxas	Medical Mission Group Hospital and Health Service Cooperative of Roxas City and Capiz	Failed technical evaluation
Roxas	St. Anthony College Hospital	RA
Bacolod	Riverside Medical Center Inc.	Failed technical evaluation
Tacloban	Lung Care Center Inc.	Not eligible; no SEC registration
Tacloban	Care Meds Philippines Inc.	RA
Tacloban	Remedios Trinidad Romualdez Medical Foundation	RA
Cotabato	Cotabato Doctors' Clinic, Inc.	RA
Zamboanga	Zamboanga City Medical Society	RA
Davao	People's Adoption to Total Health Sufficiency	RA
Davao	Health Management and Research Group Foundation Inc.	RA
Davao	Philippine Agency for Community and Family - Mindanao Chapter	Did not meet basic technical requirements
Davao	San Pedro Hospital	Rated lower than competitor

Mini competitions were held in June in Bacoor, Naga, Cebu, and Cagayan de Oro, mainly due to the presence of the Pharmacy DOTS Initiative in all of these sites, with the exception of Naga. Lone complying proposals were received from Bacoor, Naga and Cebu Bacoor (St. Dominic Medical Center), Naga (South Star Drug Inc.) and Cebu (PTSI-Cebu TB Pavilion). Contract signing and awarding for most grantees were held by the first half of July 2004. Grantees from Batangas, Bacoor, Naga and Cebu signed the grant agreements between August and September.

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The 20 sites have a combined total population of 3,641,525 in their catchment areas, with most grantees expecting to provide DOTS service for the entire city. Target enrollment in the DOTS program, however, was estimated at only 1,195.

Each site's drug supply for each site, good for 8 to 12 cases, was sourced from the DOH Central Office and delivered to the grantees by the DOTS technical specialists during their initial site visits and start-up support in August and September. The drug supply is expected to cover the requirement for the first quarter. Subsequent supply will be sourced from the DOH/CHD (regional) office.

Of the 20 grant sites, 15 PPMD units were already operational by the start of the grant period while 5 were in the process of setting up their facilities. Site inspections by DOTS technical specialists focused on preparing PPMD units for eventual certification by PhilCAT and accreditation by PhilHealth through compliance with prescribed standards in the PhilCAT Certification Self-Assessment and Survey Tool. The quality of DOTS services was also monitored using the Philippine TIPS-devised PPMD monitoring tool. Most sites were reminded to check the PhilHealth membership status of their patients, considering that this is a revenue source for the clinic. Other modifications in the NTP treatment cards were requested to be accommodated in their present forms – i.e., source of referral, phone numbers, chest x-ray findings, and monthly recording of patient's weight. DOTS treatment coordinators were also reminded to follow the prescribed recording system to properly account for their drug supply during actual pill counts by the DOTS technical specialists. Some cases of improper regimen or case classification were also uncovered and pointed out to DOTS physicians.

Grant milestones were also monitored by the technical team, including compliance with required trainings – i.e., DOTS providers training in July and NTP microscopy training in September. By end of September, most sites have already conducted Basic DOTS Training for referring physicians.

By the end of the first quarter of operations, a total of 533 TB symptomatics consulted in the 20 PPMD units. Of these, 172 patients were enrolled in the DOTS program – 14.3 percent of the annual target of 1,195 and quite near the targeted 20 percent by the end of the next quarter. Nearly 85 percent (144) of the enrolled cases were new, 77 percent (111) of which were smear-positive accounting for an initial 20.8 percent positivity rate. The rest of the cases were distributed as follows: relapse, 11; return-after-default, 5; failure, 2; others (+), 6; others (-), 1; and 4 extra-pulmonary TB. (Refer to Table X) Treatment outcomes for these cases were not yet available in view of their recent enrollment into the treatment regimen.

Of the 571 targeted referring physicians for the year, nearly half (268) were certified and one-fifth (106) were already actually referring patients to the 20 PPMD units.

Philippine TIPS support to regional coordinating committees. Following the public-private mix DOTS guidelines (now part of the National TB Program structure), the DOH mandated the creation of Regional Coordinating Councils for PPMDs, which will act as the policy and coordinating body for PPMD operations, monitoring and evaluation of quality of service. As of August 2004, seven RCCs had already been created through the support of the Global Fund and, of these, five are in areas where the project has grantees – Region 7 (Cebu), Region 8 (Iloilo), Region 5 (Naga), Region 11 (Davao), and Region 4-A (Cavite and Batangas). There are seven other regions where there are project grantees but with no RCCs. Thus, Philippine TIPS was requested by the DOH to provide support in organizing RCCs in the following regions: NCR (Manila & QC), Region 1 (Dagupan), Region 3 (Angeles and Cabanatuan), Region 4-B (Puerto

Princesa), Region 8 (Tacloban), Region 9 (Zamboanga), Region 12 (Cotabato). Logistic support was to be provided for organizational meetings and monitoring and evaluation quarterly visits to TIPS grantees.

Addendum to the Philippine TIPS Grants Manual. An addendum to the Philippine TIPS Grants Manual to put in place guidelines specific to the DOTS Fund was prepared with the help of a Chemonics grants specialist. The addendum covered eligibility requirements and minimum technical requirements and standards. USAID approved the addendum prior to the procurement of the grants.

DOTS Fund program monitoring plan. A program monitoring plan for the grantees was also prepared by the Philippine TIPS technical coordinator with assistance from a Chemonics monitoring and evaluation specialist.

The PMP, which includes program indicators and targets, is a critical tool that will track the performance of grantees and identify areas for improvement so that the 85 percent treatment success rate will be achieved. However, the PMP has components other than the success rate. It has a score card adopted from the WHO monitoring tool on the quality of DOTS, enrollment of patients, and business and management performance. It also has a component that covers readiness of DOTS centers for certification (leading to PhilHealth accreditation) and increasing the number of certified DOTS-referring physicians.

The targets for Year 3 and the next quarter are:

- Implementation of the DOTS units and provision of technical assistance to ensure achievement of an 85percent success rate.
- Regular monitoring and evaluation and submission of progress reports.

Deliverable F: Teaching and Training of TB DOTS Conducted in Medical Professional Schools and Behavior Change Campaigns Implemented to Improve the Health-Treatment Behavior of Private Providers.

Task 5A: Training

Objective: To promote DOTS in pre- and in-service training of private physicians and other providers.

Targets:

- Evaluation of integration of the DOTS syllabus in the curriculum of medical schools.
- Award of Master TB Educator Award (MTBEA) grants to seven more schools.
- Prepare training modules and conduct trainings for TB Diagnostic Committees (TBDC).
- Assist professional societies conduct training on DOTS.

Major Accomplishments:

Year 2

- Completed evaluation of the DOTS integration and recommended measures to promote adoption and facilitate integration.
- Awarded MTBEA to seven more schools.
- Prepared training modules for TBDC and conducted pilot training during the 2004 PhilCAT convention.

Quarter 8

- Prepared training modules for TBDC and conducted pilot training during the 2004 PhilCAT convention, and finalized plan for roll out.

Master TB Educator Award. The grant agreements for the first MTBEAs officially came into effect in October 2003, and the grantees finalized their work plans in consultation with Philippine TIPS. In early March, Philippine TIPS through NTBC provided mentoring support to the grantees, reviewing the status of their implementation plans and advising on best practices. The project also monitored progress, constraints, and lessons learned so far. The findings of the review show that the grantees have integrated the DOTS syllabus into the curriculum. They also have introduced innovative teaching and learning tools. Moreover, they also integrated practical training of students into the DOTS centers operating in their hospitals and involved the medical faculty in the relevant application of TB treatment and management centered on DOTS into the various subject matters.

Prior to the second round selection of the MTBEAs, USAID approved an increase in the number of grantees from 5 to 10 medical schools and an increase in the budget from \$100,000 to \$200,000 during the quarter. The average grant amount remains at the peso equivalent of \$20,000. For the second round, a total of seven grants were awarded; two were allocated to one school each in the Visayas and Mindanao to ensure regional representation. The request for applications for the second round of MTBEAs was issued on April 1, 2004. Proposals were submitted on April 30, 2004, and awards made on June 1, 2004 – in time for the opening of the first semester of the 2004-2005 school year. The RFA has essentially the same provisions as the first one, except that the latter required the operation of or link up with a DOTS center.

The applicants were as follows:

1. Xavier University – Ateneo de Cagayan
2. Saint Louis University – Baguio City
3. Medicus Inc. – West Visayas State University
4. Cebu Institute of Medicine
5. Iloilo Doctors' College of Medicine
6. Davao Medical School Foundation
7. UE Ramon Magsaysay Memorial Medical Center
8. Saint Luke's College of Medicine
9. Angeles University Foundation College of Medicine
10. Remedios Trinidad Romualdez Medical Foundation

The selection committee decided after a thorough deliberation that it would rate and rank all the 10 applications and recommend the top seven to the international jury without reference to ranking. The seven finalists were:

1. Xavier University – Ateneo de Cagayan
2. Saint Louis University – Baguio City
3. Medicus Inc. – West Visayas State University
4. Cebu Institute of Medicine
5. Davao Medical School Foundation
6. UE Ramon Magsaysay Memorial Medical Center
7. Angeles University Foundation College of Medicine

In general, the finalists demonstrated a thorough understanding of how the DOTS syllabus can be integrated in their respective school's curriculum. All seven schools will put up their respective DOTS centers where medical students can reinforce their classroom learning. The schools have also committed significant counterpart funding in terms of personnel salaries, equipment, transportation, and other direct costs, particularly the construction or renovation of the facility to be used as DOTS center.

In August 2004, a pool of experts from the New Jersey Medical School National TB Center, Philippine TIPS, University of Sto. Tomas, and De La Salle University provided technical support to the seven second-round MTBEA grant recipients. Each school presented their work plan, activities, and milestones on how they can strengthen teaching TB DOTS in their respective curriculum. A critique of the work plan was given by the pool of experts and enhancements were recommended. The implementers revised their work plans based on the recommendations.

Assessment of DOTS syllabus implementation in medical schools. This assignment commenced on March 29, 2004. The general objective of the study was to evaluate the integration of the DOTS core syllabus in the curriculum of all medical schools in the Philippines. Specifically, it intended to:

- Determine in what courses/units/modules and to what extent the TB-DOTS master plan is being integrated in the curricula of all medical schools in the Philippines.
- Enumerate the different teaching-learning activities and resources used by medical schools in the process of implementing the TB-DOTS curriculum.
- Establish the methods used by medical schools in assessing student achievement after taking the TB-DOTS core curriculum.
- Identify experiences that facilitated or hindered the implementation of the curriculum and lessons learned in the process.
- Recommend specific ways by which such problems and other limitations can be resolved to ensure effective and efficient implementation and monitoring of the TB-DOTS core curriculum.

A team of two consultants conducted a survey of how all medical schools have integrated the TB-DOTS master plan in their respective curricula. The survey also looked at the different experiences of these schools in implementing the curriculum, the problems encountered, and innovations formulated and developed. Based on the survey results, enhancement strategies where medical schools can better implement and monitor the TB-DOTS curriculum were identified.

Eighteen out of 32 (56 percent) responded to the questionnaire; 12 out of 18 (67 percent) have started integrating TB DOTS in their respective courses in the first 10 months of the program, while 5 out of 18 (28 percent) are in various stages of preparing teaching-learning resources prior to integration. One school actually went ahead without the available syllabus.

The study showed that the TB-DOTS core curriculum was minimally to moderately integrated in the curricula of Philippine medical schools within the first 10 months of implementation. Respondents reported that the various components of the core curriculum, namely competencies expressed as learning objectives, content including scope and sequence of topics, teaching-learning activities, instructional resources, and plans to assess student achievement were integrated from a minimal to moderate extent in their respective courses. This integration was also observed to be limited to certain courses and still confined in the traditional biomedical perspective. Concepts of controlling TB in the context of DOTS needed stronger focus.

At least five schools reported to be currently integrating the core curriculum according to the original design, although they have also taken several initiatives to modify, create, and contextualize their collections of teaching-learning repertoire. The medical colleges of the De La Salle University, Mindanao State University, University of the Philippines, West Visayas State University, and the University of Santo Tomas had overall designs that were consistent with the TB-DOTS core curriculum in terms of competencies students were expected to develop. Their teaching-learning activities and resources showed a rich collection of indigenous, interactive, practical, inexpensive, novel, and creative instructional designs that pervaded their first to fourth year levels of medical curricula. The quite limited assessment plans and instruments reviewed in the study also suggested that these schools showed a conscious attempt to determine student achievement consistent with the learning objectives set.

This monitoring study also showed that the integration of the TB-DOTS core curriculum was facilitated and/or hindered by elements that could be likened to the five DOTS ingredients enumerated above. Political commitment was identified by all respondents as most important for the core curriculum to get off the ground, and success was seen as determined by the level of commitment from faculty members, section heads, department chairs, college secretaries, and deans. Respondents noted varying stages of integration due to issues that were considered political and administrative. Similar sustained political commitment should be given the medical schools from the levels of the municipal, city, regional and national levels of the health care delivery system both from the private and public sectors so that TB-DOTS concepts can be integrated into actual community settings.

The other four elements are in the area of logistics support. Availability of microscopy facilities, supply of standardized drugs, and treatment regimen parallel the various logistics services that medical schools need badly to integrate into the TB-DOTS core curriculum to the fullest. These may include among others:

1. For the faculty members

- a. Training or orientation on the concepts of TB-DOTS and how these may impact their teaching and clinical practice.
- b. Continuing professional education programs that may more adequately build their confidence in integrating TB-DOTS in their existing courses, including those on instructional design, test construction, facilitating small group discussions, and writing self-instructional materials and other resources.

2. For the medical school

- a. Supply or access to all pertinent TB-DOTS instructional resources. The hard and soft copies of the TB-DOTS core curriculum were apparently distributed to all medical schools without a clear directive on how they could be used. The guides for teachers and students were not even printed separately.
- b. Availability and access to the most updated statistics that medical schools can use in revising their respective resources for instruction.

This logistics support need not be expensive once medical schools have established strong working links with associations mandated to advocate TB-DOTS, such as Philippine TIPS, PhilCAT, PhilHealth, and professional societies like the Philippine College of Physicians and the Philippine College of Chest Physicians.

The last ingredient is a standardized reporting and recording system. Having a core group of faculty members like the master TB educators could expedite this task. Regular monitoring of

how the core curriculum is being integrated in the existing courses is the key to determining if indeed the influence of TB-DOTS in the medical schools could be identified as one of the reasons for the steady increase in cure rates of reported TB cases in the Philippines.

APMC Workshop to present results of the evaluation. A workshop for medical deans was held in July 2004, in which 28 out of 32 medical deans and TB coordinators participated. During this two-day workshop, the major findings of the monitoring assessment of DOTS integrations in the schools were presented. The first three implementers of the Master TB Educator Awards also presented their experiences and reflections on integrating the TB syllabus in their respective curricula. Recommendations were enriched by the presentations of resource speakers, namely Dr. Lee Reichman, who gave an overview of teaching TB in medical schools and the Master TB Educator Awards; Dr. Rosalind Vianzon, who gave insights on the discussions of TB in medical schools during the IUATLD Workshop; and Dr. Charles Yu, who lectured on TB DOTS as a strategy to control TB.

One noteworthy agreement arising out of this workshop is the implementation of a twinning program between the MTBEA grantees, which have integrated or are in the process of integrating DOTS in their curriculum to provide technical assistance to the other schools facilitate this process for them.

Training TB Diagnostic Committees. The project recognized the critical role of TB Diagnostic Committees (usually consisting of a radiologist, a pulmonologist, and an internal medicine physician), considering that almost half of TB symptomatics are sputum negative. In such cases the diagnostic committees are used to evaluate whether the case is active TB. The use of diagnostic committees is prescribed in the NTP and is a requirement in the certification of DOTS centers. However, presently these committees do not have concrete, standardized operating guidelines on a clear cut definition of roles, criteria for evaluation, or parameters for reading PTB x-rays.

Two short-term consultants were engaged to prepare the training modules for the diagnostic committee training. A pilot training was conducted during the 2004 PhilCAT convention. The training was attended by 58 members from 15 TB Diagnostic Committees. The participants were oriented to the TBDC guidelines and policies and standardized radiographic readings and noted pulmonologists/physicians shared their experiences in rationalizing approaches to smear negative cases.

DOTS Certification Assessors Training. In line with the efforts of scaling up of the certification of DOTS centers, the project conducted the four rounds of the DOTS Certification Assessors Training, the fourth held in August 2004 during the PhilCAT Convention. A total of 120 personnel from the DOH Sentrong Sigla, NTP, PhilHealth Quality Assurance and PhilCAT have been trained.

National TB Control Program Training. The Philippine Tuberculosis Society Incorporated (PTSI), a leading NGO on TB control, has approached the project and is proposing to develop and conduct a course for TB program managers. This training course is intended to be a comprehensive training of important aspects of TB control for current or potential TB program workers and managers from the Department of Health, local government units, nongovernmental institutions, and the private sector.

The project sees merit to the proposal, as it complements the present training programs of the project. Current training covers pre-service interventions (i.e., development of and assistance in

integrating the DOTS syllabus in medical schools) and in-service/CME modules that will promote the practice of DOTS and improve the quality of the service provision. The proposed training will provide overall program implementation and management. Target clientele for this training will mostly be the public coordinators but could also include NGOs or coordinators of private DOTS services.

Philippine TIPS is awaiting a formal proposal from PTSI. Project assistance, if the proposal is deemed meritorious and is approved by USAID, will likely consist of technical assistance to finalize the curriculum and the modules; capital assistance for equipment such as a computer, LCD projector, and a negatoscope; and some logistical support for the first training program.

Targets for Year 2 and the next quarter are:

- Evaluation of the first round of MTBEAs.
- Monitoring of the implementation of the second round of MTBEAs and provision of mentoring and technical assistance support to grantees.
- Implementation of twinning program of medical schools.
- Roll out of TB Diagnostic Committee Trainings.
- Implementation of the TB program managers' training course.
- Assistance in the conduct of in-service training programs.
- Preparation of DOTS syllabus for allied medical courses.

Task 5B: Certification

Objective: Implement a certification system for DOTS service to ensure adequate and quality service provision.

Targets:

- Evaluate and improve the certification system.
- Assist in developing the capacity of regional certifiers by conducting appropriate training and development of manuals.

Major Accomplishments:

Year 2

- Evaluated certification system.
- Updated and improved the certification system.
- Prepared the certification manual for assessors.
- Conducted policy discussion with the DOH, PhilHealth, and PhilCAT to clarify assignment of responsibilities for certification.

Quarter 8

- Conducted fourth round of certifiers training during the PhilCAT Convention.
- Prepared the certification manual for assessors.

The certification system is a requirement of PhilHealth to enable it to accredit DOTS providers, making them eligible for the TB out-patient benefit package. PhilHealth will provide P4,000 per case to certified DOTS centers.

Evaluation of the DOTS certification system. The review was conducted in November 2003. Major findings indicate that the organizational structure, processes, and procedures used in the certification system parallel international certification organizations, such as the Joint Commission International. The processes that were reviewed revealed sound foundation. However, the study recommended strengthening of quality assurance, capacity-building of healthcare surveyors; and strengthening of information and communication management for certification, the follow-up process of accreditation by PhilHealth.

Training of regional certifier. Dovetailing the above exercise was the engagement of consultants who were involved in the preparation of the certification system and the CMOP. The consultants were tasked with modifying and enhancing the certification system, taking into consideration the above findings. In particular, they refined the standards, assessment criteria, and assessment form. Thereafter, they prepared training modules and conducted the training of regional certifiers. As reported in the previous section, a total of 120 assessors/certifiers have been trained.

Ad hoc assistance on certification of the PhilHealth target list of DOTS centers. In response to PhilHealth's request for assistance with the certification of at least 100 DOTS centers, public and PPM, by the middle of 2004, Philippine TIPS and PhilCAT agreed to conduct orientations and writing workshops for target DOTS Center personnel. The objective was to orient them to standards and guide them in completing their self assessment forms – a prerequisite to issuance of certificates. Personnel from about 80 DOTS Centers attended the workshop and as of mid 2004 about 23 of these centers were certified.

Update on delineation of roles for certification (i.e., Sentrong Sigla and PhilCAT). Consultative meetings between the DOH, PhilHealth, and PhilCAT were held to flesh out issues pertaining to the delineation of responsibilities for certification. Thereafter, the DOH issued a memorandum mandating the certification to be led by the Department through the CHD Sentrong Sigla Assessors Team. PhilCAT representatives will be part of the team.

The target for Year 3 and the next quarter is to prepare a manual for the self assessment of applicants.

Task 5C: Communications

Objective: Promote the DOTS strategy to private providers; provide public relations and networking support to all project tasks; and, establish mechanisms to support the communications needs of the project.

Targets:

- Prepare an integrated communications strategy (ICS).
- Support communications needs of project tasks.

Major Accomplishments:

Year 2

- Conducted communications research on private physicians' information seeking behavior, as a backgrounder for the ICS preparation.
- Prepared the integrated communication strategy.
- Provided communications support to project tasks/activities and major partner groups,

such as PhilCAT and the DOH.

Quarter 8

- Completed the ICS study.
- Provided PR and organizing support to the 2004 PhilCAT Convention.
- Conducted media advocacy session.
- Provided communications support to project tasks/activities.

Integrated Communications Strategy (ICS)

Communications research in support of the ICS. In December, to support the development of its integrated communications strategy, Philippine TIPS awarded a subcontract AC Nielsen (Philippines) Inc. to conduct communications research. Essentially a market research, it targeted private doctors and project stakeholders and was done in three phases: a desk review or review of literature; news media content analysis; and, one-on-one interviews with doctors and stakeholders. The research investigated the following:

- Physician information-seeking behavior, including online or Internet practices.
- General awareness about health and TB, including analysis of news media treatment of TB one year before the start of the project.
- Responses to trial messages about DOTS, Philippine TIPS and USAID.
- Responses to the desirability or usefulness of a DOTS seal or service mark.

The study was completed in June 2004. Results showed that continuing medical education activities are the preferred means of physicians to obtain information on TB. A majority also cited periodicals, journals, and textbooks as credible sources of knowledge. There is also a growing use of the Internet as a source of updated information.

For the media content analysis, the study examined the extent, timing, frequency, prominence, and reporting content of local TV programs, TV commercials, and radio commercials from October 2002 to October 2003 and of 396 issues of local newspapers from January to December 2002. The major findings are as follows:

- Extent of TB coverage: broadcasts on TB were minimal.
- Timing: the majority of TB reports or ads were aired in non-primetime.
- Frequency: TB coverage was more frequent in November 2003 (TV programs); July 2003 (TV spots); September-October 2003 (radio spots).
- Prominence: TB had more coverage in the *Manila Bulletin* than in the *Philippine Star* or the *Philippine Daily Inquirer*.
- Reporting content: TB coverage focused on incidence of TB infection worldwide and in the Philippines, causes and symptoms of TB, prevention of TB, and treatment of TB via DOTS.

For the third phase of the communications research, 100 physicians and 60 stakeholders such as NGOs, policymakers, professionals, were interviewed during the period of February 20 to March 19, 2004. Almost all the doctors mention medical journals, books, manuals, drug directories and compendium, and convention seminars as their sources of information.

ICS strategy paper. The ICS primarily aims to elicit behavior change among private providers. In crafting the strategy, the findings and recommendations of the communications research by AC Nielsen were incorporated. The study team assessed the communication/advocacy programs and activities (i.e., face-to-face and community-based, multi-media, media based, and other

communication-related interventions) on DOTS being done by Philippine TIPS and other TB organizations. This was done through key informant interviews and a focus group discussion held in July 2004 involving PhilCAT member organizations, professional societies, and other key stakeholders.

Five critical issues surfaced during the focus group discussions:

- Centrally crafted messages on available services often contribute to patients' increasing levels of frustration.
- Communication is narrowly associated with efforts concerning the mass media, usually with campaigns over the tri-media (print, broadcast, and television).
- The public-private interface in TB-related undertakings, DOTS included, is still a patchy area that needs careful attention.
- While the ultimate goal of successful completion of treatment is common to both government and private physicians, the absence of regular and systematic monitoring and evaluation mechanisms leaves much to be desired in terms of program implementation.
- PHILCAT is widely recognized as an effective umbrella organization but loopholes in relationships among organizations still need to be addressed.

Case studies on relevant physician information-seeking behavior experiences were also developed using the experiences of the DLSU PPM DOTS Center and the Unilab DOTS Center. The STTA team looked into the features, practices, operations, and services of the two DOTS Centers that are worth emulating by other health centers providing TB treatment in the country and the various communications activities being undertaken to promote and enhance their services.

In July 2004, a planning workshop involving the technical team of Philippine TIPS, the focus group attendees and other key stakeholders such as the DOH, USAID, and PhilCAT was organized. This workshop emphasized the importance of enhancing TB communication interventions by unifying the different strategies and activities of the different TB interest groups and organizations with the private providers as the primary audience and the patients as the secondary audience. As an aid to the planning process, experts from the field of social marketing, media relations, and behavior change provided inputs on how to integrate these concepts in the strategy formulation.

The participants were then grouped into five teams and were tasked with crafting strategies and approaches to elicit behavior change among three major stakeholders: private physicians, the general public/TB patients, and employers/financiers and policymakers. Below are the critical components identified by the participants.

- Identification and consolidation of common objectives, messages (knowledge, practice, and advocacy), approaches, methods and indicators.
- Identification of differences, possible sources of "dissonance" or "noise."
- Writing of a draft ICS paper (as well as a process documentation of the workshop) to be shared with workshop participants.
- Keeping in touch so that learning from other TB interest groups and organizations will be continuous.

Based on the above groundwork, the consultant team under the technical supervision of the communications/advocacy adviser developed and submitted an ICS strategy paper to Philippine TIPS.

The ICS planning process was deliberately multi-agency and consultative so that it could become a mechanism for Philippine TIPS and its partner stakeholders to identify strengths and weaknesses in their TB-DOTS communications experiences. The planning process was also a mechanism for Philippine TIPS and its partner stakeholders to move toward a unified voice on DOTS, in support of individual behavioral change and policy advocacy through sharing market segmentation findings, media management techniques, media campaign and face-to-face messages and activities, communication tactics, and communications monitoring and evaluation findings.

The ICS is the Philippine TIPS framework for communications activities. The fundamental premise of the ICS is that a behavior change communication (BCC) framework should be the key mechanism to increasing the sustained involvement of private providers in DOTS. The strategy paper points out that the ICS should be designed to engender an environment that influences awareness, attitudes, and behavior in favor of DOTS at the individual, community, and national levels. While recognizing the importance of generating and sustaining knowledge, attitudes, and behaviors favorable to DOTS among single practice physicians or private providers, the ICS should also be able to create mechanisms at the community and national levels that can reinforce the changes among single practice physicians or private providers. In this context, the ICS has three integrated components or activity levels:

- Individual behavioral change
- Community support
- National policy and advocacy

The change in behavior in all these components moves along a BCC continuum – from awareness-knowledge (understands and appreciates the benefits of DOTS), to practice (exhibits positive behaviors and active use of DOTS), to advocacy (talks about and shares with others information about the benefits of DOTS).

The ICS framework paper contains a situational analysis of needs and gaps in current communications efforts on TB and DOTS. This re-examines current Philippine TIPS communications initiatives, analyzes the TB communications programs and messages of other agencies, and discusses avenues for synergizing communication on TB and DOTS by Philippine TIPS and its partner stakeholders.

Following the BCC continuum, the ICS framework paper sets several tasks and message platforms for Philippine TIPS communications.

The BCC Continuum	Tasks	Message Platform
Knowledge Awareness	<p>1. To generate an increased number of private physicians who understand the benefits of DOTS and the significance of DOTS in TB control in the Philippines by the first quarter of 2005.</p> <p>2. By the end of first quarter of 2005, 50 percent of the target private physicians in selected sites will be able to articulate on their own the concept that DOTS is the most cost-effective approach to TB control and it is the state of the art treatment protocol.</p>	Messages at the knowledge phase focus on generating a factual knowledge on TB, DOTS, and its benefits.

The BCC Continuum	Tasks	Message Platform
Practice	<p>3. By the end of first quarter of 2005, there will be an evident increase in the number of target private physicians in selected sites who will provide feedback to their respective DOTS centers on its services.</p> <p>4. By the end of first quarter of 2005, 50 percent of the target private physicians in selected sites will have expressed a need for more information materials such as leaflets, fliers, brochures, and/or for training and continuing medical education about DOTS from PhilCAT, PhilTIPS, DOTS centers, medical societies, and other TB organizations.</p>	Messages at the practice phase highlight the need for referrals to DOTS centers and for compliance monitoring.
Advocacy	<p>5. By the end of first quarter of 2005, there will be an evident increase in the number of the target private physicians already engaged in DOTS who will actively support other DOTS-related interventions in their respective communities.</p>	Messages at the advocacy phase focus on the social value of DOTS.

It is important to emphasize that the individual private provider is the “locus” of change and action but with the larger DOTS support community and the macro/national policy environment as enabling agents. The ICS framework paper contains a series of recommendations on how to direct the BCC efforts of the project (see *Part III. Outstanding Issues and Measures Taken or Options to Address the Issues* of this report).

Project communications. In the area of project communications, the major events/activities supported by the projects have the following:

<u>IUATLD Conference</u> Oct. 29 to November 2, 2003	Philippine TIPS sent a delegation to the 34 th World Conference, which provided the project an opportunity to inform an international audience about project initiatives.
<u>NCET TB Advocacy Workshop</u> November 6 and 7, 2003	At the invitation of the National Coalition for the Elimination of Tuberculosis (NCET), a U.S. lobby group, a three-person Philippine TIPS team shared experiences and insights on TB advocacy work by the project and in the Philippines as a whole at a “TB Policy, Advocacy, Communications and Partnership” workshop at the New Jersey School of Medicine-National Tuberculosis Center in Newark.

	<p>Members of the Philippine TIPS team were the TIPS chief of party, the president of the Philippine Academy of Family Physicians (PAFP), and the dean of Our Lady of Fatima University Medical Center and an influential columnist of the <i>Philippine Daily Inquirer</i>, the highest circulating newspaper in the Philippines.</p> <p>From the workshop, team members learned about techniques to use the local epidemiological situation to identify and develop policy initiatives and association communications and media activities. The workshop included expert presentations, case studies, break-out discussions, and a panel discussion with U.S. news agencies on how they handled TB stories. A series of columns was included in the <i>Philippine Daily Inquirer</i> on the participants' interaction with TB-DOTS advocates and practitioners in the US. The columns were "The Machines Are the Stars" (Nov. 8), "TB Stories" (Nov. 9), "Old and Boring, But Still Deadly" (Nov. 13), and "A 'Star' Partner" (Nov. 14).</p> <p>As follow-up, Philippine TIPS, on the strong recommendation of NTBC/NCET, plans to hold a Manila version of the TB advocacy workshop with technical inputs from NTBC in the third year of project implementation.</p>
<u>Philippine Business Conference</u> <u>Nov. 25-29, 2003</u>	Helped set up the health pavilion of USAID-supported cooperating agencies in the Philippine Business Conference.
<u>World TB Day</u> <u>March 24, 2004</u>	The project's communications/advocacy adviser was appointed as co-chair of the organizing committee. The following milestones marked this year's commemoration: the launch of the DOH's TB Network; issuance of the public-private mix DOTS (PPMD) Guidelines and its logo; awards to key stakeholders, including USAID, for their exemplary contributions to TB control; PHIC reimbursement of the first tranche payments of five DOTS clinics; and the introduction of two TB mascots – Tibor, a cured patient, and TB Tina, a treatment partner.
<u>PhilCAT Convention</u> <u>August 26-28, 2004</u>	<p>Philippine TIPS through subcontractor Protégé provided events management support to the 11th Annual PhilCAT Convention. A major part of the assistance was the secretariat support to the Organizing Committee (OC). It also assisted in coordinating the confirmation of speakers (foreign and local), and in "running" the event, which included post-graduation trainings; the opening ceremonies; business meeting; the chairman's night; setting up the knowledge bazaar and exhibit area; and, overseeing the entire physical arrangements.</p> <p>Protégé provided for all publicity, PR, and collateral needs of the Convention, which included TV guests, newspaper coverage, and design of materials for the convention.</p>

<p><u>TB Advocacy Workshop for the News Media</u></p> <p><u>August 26, 2004</u></p>	<p>A workshop for the news media was organized by the project and incorporated as one of the post-graduate courses of the PhilCAT Convention. The aim of the workshop was to enhance news media advocacy in support of TB control initiatives in the Philippines by</p> <ul style="list-style-type: none"> • <u>Raising news media awareness of TB and efforts to control it.</u> The global and national problem of TB – its epidemiology, its cure through DOTS, its social and economic burdens, and the major factors that hinder its eradication – is revisited. • <u>Situating the role of the news media in TB control efforts.</u> Perspectives and issues on getting TB information effectively reported. • <u>Developing advocacy strategies to ensure an enabling news media environment that supports TB control efforts.</u> Exploring active partnerships with the news media to support TB control, in terms of such issues as higher TB reportage and the power of the news media to influence patients, doctors, and policymakers. <p>Twenty-five media personalities and communications specialists participated in this by-invitation course. TB experts such as Dr. Lee Reichman, New Jersey Medical School National TB Center; Dr. Myrna Cabotaje, head, National Center for Disease Prevention and Control, Department of Health; and Dr. Jose Hesron Morfe, Adult and Pediatric DOTS Center, University of Sto. Tomas Hospital, provided lectures on TB prevalence and the nature of the disease. In addition, the findings of the AC Nielsen media content analysis were presented by Raquel Secoquian, while Rina Jimenez David, health advocate and noted columnist of the <i>Philippine Daily Inquirer</i>, discussed the role of media in the TB control initiative and offered suggestions on how to raise the newsworthiness of TB stories.</p>
<p><u>IUATLD Advocacy Workshop, Bangkok</u></p> <p>September 17-20, 2004</p>	<p>At the invitation of the IUATLD, the communications/advocacy advisor attended an IUATLD “International Workshop on the Role of NGOs in Social Mobilization” in Bangkok, September 17-20. The advisor gave a presentation entitled “Mass Communication and the News Media” at the workshop. This presentation was well received by top IUATLD executives (led by Executive Director Dr. Nils Billo) and TB program managers from Iraq, Mexico, India, Nepal, Bangladesh, Thailand, Japan, Kenya, and Indonesia. Dr. N. Ishikawa, Vice Director, JATA/RIT, Japan, invited the advisor to be a resource person at an international TB advocacy workshop they will conduct in Japan next year for health providers.</p>
<p><u>Makati Business Forum</u></p> <p>September 23, 2004</p>	<p>The project joined a press briefing organized by the Makati Business Forum at the Dusit Hotel Nikko. The chief of party was joined on a panel by WHO TB medical officer Dr. Michael Voniatis, the DOH NTP Manager Dr. Rosalind Vianzon, and PhilCAT board member Dr. Jubert Benedicto. The briefing was covered by all television stations (NBN 4, ABC 5, GMA 7, RPN 9, IBC 13, and ABS-CBN 2), major dailies (Business World, Manila Bulletin, Philippine Daily Inquirer, Philippine</p>

	Star, Today, BusinessWorld) and a number of local radio stations. The communications/advocacy advisor distributed briefing sheets to the reporters who attended the briefing.
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Communication support to other tasks. This is a significant component of this task. Technical assistance has been provided on the development of various IEC materials, collateral communication support to various trainings, workshops, and meetings led by the different tasks.

In the last quarter, the major activities included:

1. A workshop on the revision of the NTP Manual of Procedures. In July 2004, Philippine TIPS provided technical inputs to the revision of the Manual of Procedures (MOP) for the National TB Control Program (NTP). The communications/advocacy adviser facilitated the workshop session on health promotions. He provided substantial contributions to the writing of a new section on TB advocacy and communications. This section can be seen as a breakthrough, as health promotions for TB had not been included in previous editions of the MOP.
2. "Comprehensive and Unified Policy for TB Control in the Philippines" (CUP 2004). The advisor is supervising the professional editing and packaging of this important document. He works closely with the DOH and the policy and health financing adviser on the packaging of the document. A preliminary version of the document has been completed. Limited copies are scheduled for delivery to the DOH.
3. "Resources for Public-Private Mix DOTS Programs." This resource book was conceived and produced in response to the need of for a compendium of frequently requested references for those operating or wanting to set up PPMD facilities. The book contains the following:
 - Quick Facts on TB and DOTS
 - Quick Facts on PPMD
 - Quick Facts on How a PPMD Facility Can Enhance a Physician's Practice
 - Quick Facts on PhilHealth's TB Outpatient Benefit Package
 - Master List of DOTS Centers/Microscopy Center under the DOH
 - List of DOH-PhilCAT Certified DOTS Centers
 - List of Grantees of the Philippine TIPS PPMD Grants Program
 - List of Medical School Grantees of the Philippine TIPS MTBEA
 - List of Drugstores Participating in the PDI
 - Profile: DOH -- Working Toward a TB-free Nation
 - Profile, Membership and Executive Board: PhilCAT - Leading the Way in PPMD
 - Profile: Philippine TIPS -- Saving More Lives, Lightening the Burden of Disease

The book has proven to be very popular. A second, expanded edition is being planned.

4. "Rotary Stop TB 2005" Campaign Launching and TB Lecture Series. The communications/advocacy adviser provided organizing, branding, and news media coverage assistance to the launching of "Rotary Stop TB 2005," held September 6 at the Manila Polo Club. The event received heavy coverage by TV, radio, and newspaper reporters. The highlight of the program was the presentation and signing of the "Rotary Declaration" by the country's 10 Rotary District Governors. Also signing were the DOH, Philippine TIPS, World Health Organization, and PhilCAT. The guest of honor was Health Secretary Manual M. Dayrit, who was accompanied by key DOH officials, including Dr. Jaime Lagahid and Dr. Gerardo

Bayugo. Representing the World Health Organization were Ambassador Jean-Marc Olive and Dr. Michael Voniatis. USAID was represented by Catherine Fischer.

5. Exhibit on the Master TB Educator Award. In September 2004, the project mounted an exhibit during the Asia-Pacific Conference on Problem Based Learning, which was attended by at least 300 delegates from various countries. The exhibit showcased the programs and accomplishments of the first MTBEA grant recipients – UST, DLSU, and UP. These schools were consulted and agreed on the theme of the exhibit. The exhibit generated interest in the Master TB Educator Award Program as well as the DOTS core curriculum that was developed by the project.

The targets for Year 3 and the next quarter are:

- Finalize and implement ICS and BCC strategy, specifically in grant areas.
- Continue support for project communications and advocacy and to communications requirements of other tasks, including the publication of project material in different media.

Deliverable G: Appropriate Guidelines and Regulations are Developed to Promote Necessary Reimbursement Programs among Private Health Groups.

Task 6: Financing

Objective: To develop a financing mechanism that gives incentives to those who provide direct DOTS services and to those who invest in developing and improving the quality of DOTS services.

Targets:


- Completion of the financial analysis and business planning for DOTS clinics.
- Assistance to DOTS replicators with preparing business and financial plans.
- Provision of technical assistance to PhilHealth in the improvement of the TB benefit package.

Major Accomplishments:

Year 2

- Conducted a preliminary financial analysis, as a component of the situation analysis done in Task 3.
- Refined cost analysis through cost data gathering from other DOTS centers, including well-performing RHUs.

Quarter 8

-  W on business planning and financial management (BPFM) guidelines completed and approved for implementation.
- Financial data gathered from selected PPMD centers and Philippine TIPS DOTS Fund grantees.

Financial analysis of DOTS models and DOTS financing framework. A preliminary financial analysis of the four existing DOTS models was conducted as part of the first situation analysis,

conducted in Task 3. Several scenarios were tested, varying assumptions on the cost and revenue components. The cost component used a base case, and projections with and without cost subsidy were varied; on the revenue component, assumed PHIC benefits and imposition of user fees were varied. The analysis included estimating the break-even patient load and break-even revenue point per patient.

Results show that PHIC reimbursement alone will not sustain even the operating cost of the centers – largely due to the current low percentage of PHIC members among the patients. Required user fees to cover operations of a stand alone clinic ranged from P2,500 to more than P10, 000 per patient. Clearly, business plans to sustain the centers need to go beyond conventional revenue sources and should integrate creative mechanisms such as cross-subsidization from primary health care services, support from corporate funding, and other sources.

With the engagement of a new policy and finance adviser, more in depth cost analysis and financial review will be undertaken. She has started gathering data and information from the MHOs in public DOTS and directors of private DOTS. Meetings were also held with the officials of the PHIC/PhilHealth central office and in its regional office in Davao City. The discussions covered (1) sustainability issues and survival strategies with health care administrators and DOTS Center managers; (2) the need for appropriate incentives to encourage coordination in PPMD centers; (3) the need for guidelines to assist public DOTS centers in participating in the PhilHealth TB outpatient program; (4) coordination of TB financing between the hospital and ambulatory facility; and (5) the need to evaluate the private sector care models. These will help determine the financial requirements that will sustain the DOTS centers in different settings, i.e., hospital-based, NGO-based, and public DOTS among others.

The following are the preliminary findings and recommendations on the above issues: (1) provide policy guidance to public facilities supportive of participation in the PhilHealth program; (2) consider pooling DOTS activities across a network of participating private providers with one practice providing specific service to all the patients of all participating practices; (3) compare the financial performance of various private DOTS models; and (4) provide recommendations for case management of ambulatory facilities and hospitals.

In the last quarter of Year 2, the major activities undertaken in Task 6 were:

1. Data gathering from selected PPMDs and/or Philippine TIPS DOTS Fund grantees. This is a groundwork activity for the support to DOTS replicants financing. Its' objective is to assess and evaluate the financial operations of PPMDs in different settings, multi-sectoral clinic, hospital-based, NGO-based, single practice network, among others, and determine the most cost-effective financial set-up that can sustain the operations of each of these DOTS centers. The Philippine TIPS Policy and Finance group visited (a) Davao Health Management and Research Group, an existing NGO and multi-sectoral clinic-based PPMD center and a Philippine TIPS DOTS Fund awardee, in Davao City; (b) St. Paul's Hospital DOTS Center, a hospital-based PPMD, in Iloilo City; and (c) two Philippine TIPS DOTS Fund awardees in Tacloban City, the Caremeds Philippines, Inc., a specialty clinic, and the Remedios Trinidad Romuladez Hospital.

Data and other information gathered from these PPMDs are on financial operations such as overhead expenditures including personnel salaries and other benefits, sources and amount of incomes and grants (if any) received, clinic and diagnostic services offered and the corresponding fees, TB caseload and total patients treated and/or diagnosed in the health facility, and organizational structure.

2. Preparation of the SOW for the STTA on the development of the business planning and financial management (BPFM) guidelines along with the search for experts for this STTA.

This STTA was initially conceived as part of the STTA on DOTS replication guidelines under Task 3. However, because of the untimely resignation of the international consultant who was suppose to handle the formulation of the BPFM guidelines, this component was put on hold until an appropriate expert is identified. As such, a separate SOW was prepared for the formulation of the BPFM guidelines that has already been submitted for approval. The Philippine TIPS consortium has also been searching for qualified and available international and local consultants for this STTA.

The targets for Year 3 and the next quarter are:

- Completion within the next quarter of the financial analysis of DOTS centers and preparation of training modules for DOTS replicators on financial and business planning, with the end view of sustaining operations beyond grant life.
- Completion of the DOTS financing framework.
- Commencement of the TA package for PhilHealth within the next quarter and completion by mid-2005.

Project Management

Objective: To maintain and continually improve the physical base, operation, and management systems of the project; comply with all contractual requirements; monitor project performance; and support the institution-building of PhilCAT.

Targets:

- Maintenance and improvement of physical base and operation and management systems, including a procurement system for consultants, subcontractors, and grantees.
- Conduct of work-planning and team-building sessions.
- Maintenance of a project monitoring system.
- Provision of support to institution building of PhilCAT, including completion of organizational development plan.

Major Accomplishments:

Year 2

- Amended the grants manual that sets the guidelines for award, performance, and financial monitoring of the DOTS Fund and MTBEA.
- Conducted work planning for Years 2 and 3.
- Maintained project monitoring and management system for tracking work-plan activities and amending as necessary for optimal results.
- Supported the strategic planning exercise of PhilCAT, preparation of the OD and sustainability plan, and the OD action program preparation.

Quarter 8

- Started with the implementation of the PhilCAT Organizational Development action program

PhilCAT institution building. The final report of the PhilCAT organizational development and sustainability plan was completed in mid-October. The plan's major recommendations include:

- Clearly define, formalize, and communicate to the membership PhilCAT's core mandate of coalition building and membership development. This mandate has to be reflected in the organizational structure, processes, strategies and required competencies of the secretariat.
- Strengthen the national secretariat to provide technical and management/administrative support to this core mandate.
- Expand the membership and geographical reach to areas that are least represented.
- Optimize membership resources by engaging directly in the implementation of programs and projects of the coalition, rather than focusing on a few key officers and individual members.
- Embark on a sustainability plan that should include improvement of the financial management system, diligent fundraising, optimum utilization of current donor funding, leveraging of secretariat resources with member groups resources (e.g., PhilCAT to concentrate on training material development and training of trainers of member organizations; retail training to be conducted by member organizations).

The report was given to PhilCAT for comment. Although PhilCAT generally agreed with the recommendations, it requested a workshop with Philippine TIPS to process these recommendations into an action plan and agree on the specific steps and responsibilities to implement the transition plan that will devolve and institutionalize the Philippine TIPS

undertakings to PhilCAT. Related to this, the PhilCAT subcontract will be reviewed to determine what Philippine TIPS activities could appropriately be moved to PhilCAT over the life of the project.

Philippine TIPS responded to the request of the board by providing technical and logistic support in preparing an OD action program. This had the following objectives:

- Provide the leadership of PhilCAT with a participative and systematic process to arrive at a prioritized action program that will translate the 2003 OD and sustainability plan into concrete targets, outputs, and timelines.
- Design and implement a planning workshop for the board where members can collaboratively determine the best course of action to set into motion the recommendations in the 2003 OD and sustainability plan. Based on the results of the workshop, the consultant will then draft the priority action plan and recommend to the board strategic steps to implement this.

The assignment achieved four main results.

1. Consolidation of previous and current organizational development assistance provided to PhilCAT. Based on the review of the 2003 PhilCAT strategic plan (April 2003) and the 2003 OD and sustainability plan (October 2003), the following information was gathered:

- The 2003 PhilCAT Strategic Plan provided a highly participative and consultative processes that looped in the general assembly of PhilCAT and its major organizational members. First, the plan affirmed the vision and desired mission to the greater public of TB control, management, and prevention. Second, the plan embodied key strategies and programs to concretize its mission to the public and determine specific action steps to implement its programs with respect TB control and prevention. Third, the plan assessed strengths and capacity as provided by the major organizational members.
- The strategic plan provided the overall direction of the coalition as an organization with specific advocacy points for the country and its health goals. From this overall direction, an operating or implementing plan is required to focus the organizational development efforts of PhilCAT to attain its mission.
- The 2003 OD and sustainability plan was created to provide PhilCAT with a blueprint for undertaking strategic steps toward addressing the organizational development and sustainability issues so that it could pursue its mission. In developing the plan, the consultant accomplished the following:
 - a) Provided a process of diagnosing the strengths and areas for improvement of PhilCAT as an organization and as a coalition.
 - b) Identified strategic organizational and sustainability issues that must be resolved by the board to effectively attain its mission, strategies, and programs.
 - c) Provided a framework for embarking on a systematic and integrated approach to implementing organizational strengthening.
 - d) Recommended specific action steps toward addressing organizational and sustainability issues.
- The overall OD and sustainability plan however needed to be translated into a concrete actionable program, with viable implementing structures, specific targets, and a timetable. It must be able to identify formal structures, systems, people, resources, and a

management process that can integrate all efforts and activities pertaining to PhilCAT's organizational strengthening.

Given the accomplishments and major building blocks from the previous plans and processes, the current recommendations to the board included the creation of an OD program to ensure a systematic and integrated OD approach and the installation of a formal and accountable structure toward implementing and managing organizational strengthening within a period of 18 months. Creating the OD program, however, must be participative and must be based on clear mandates and targets. To achieve this, certain organizational issues must be resolved by the board. Among the issues are the following:

- What is PhilCAT's role and value to its 53 member organizations?
- What is its position and the role vis-à-vis the regional coalitions?
- What are PhilCAT's policies with regard to implementation of projects by the secretariat and by its members?
- What are PhilCAT's priority organizational systems that are vital to overall organizational performance and sustainability?
- What policies and strategies exist to manage members and external partners?

During the consultative interviews with executive committee officers in preparation for the OD planning workshop, these issues were addressed and an initial agreement toward creating an OD program was made.

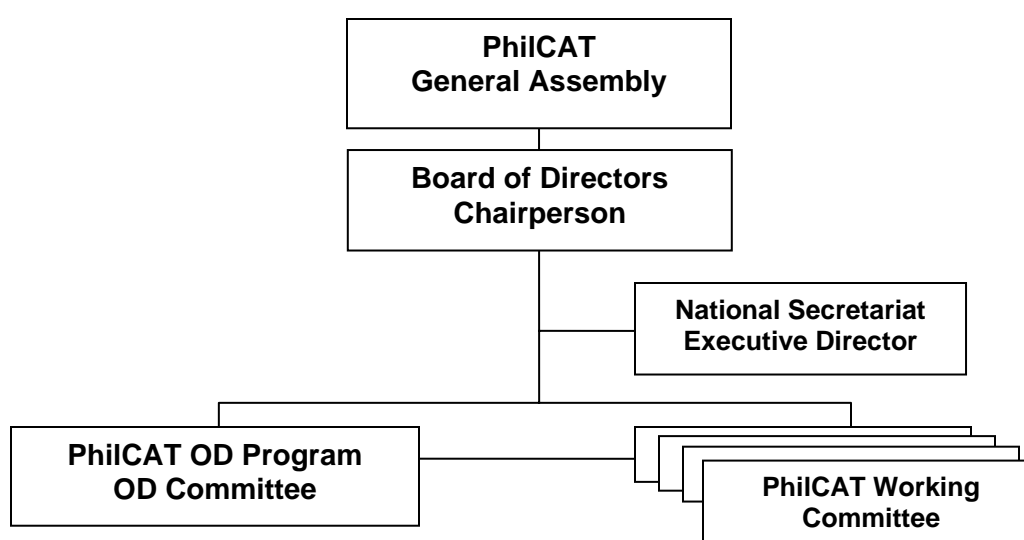
2. Design of the OD planning workshop. A preparatory morning meeting with the executive committee was a part of the design of the entire OD planning process. The committee's buy-in of the design, its desired process, and its outcome were needed to help facilitate the discussion and decision-making of the rest of the board during the planning session. The design of the half-day OD planning workshop was aimed at creating an OD program that will serve as the priority action program for the organization. Its primary purpose was to arrive at major decisions with regard to key organizational issues that need to be addressed to move forward toward organizational strengthening. The approval of the OD program, together with the creation of the OD committee, was crucial in ensuring that concrete action steps will be undertaken toward organizational strengthening and sustainability within an 18-month timeframe.

3. Implementation of the OD planning workshop. The workshop was designed as a participative process for translating the 2003 OD and sustainability plan into PhilCAT's priority action program. With a total of 14 board members, current and past, in attendance, the half-day OD planning workshop held on April 20, 2004, generated the following major results:

- Approval of the OD program as the priority action program of PhilCAT.
- Creation of the OD committee, its members, and mandate.
- Identification of key working committees that will provide input to the OD program. Each working committee has a designated convener and identified core members.
- Approval of the twin-mission of PhilCAT – TB control and prevention (external) and empowerment of PhilCAT members toward TB control (internal).
- Resolution of key organizational issues pertaining to membership, project devolution and management, regional coalitions, and core organizational systems that must be installed within PhilCAT. The board adopted almost all of the recommendations presented in the 2003 OD and sustainability plan and resolved key issues likewise identified in the terminal report.

- Identification of other organizational issues that must be studied and resolved by the board within a specific timeframe and identification of a systematic process in studying these issues (through the various OD working committees).
- Clarification of the Philippine TIPS contract and technical assistance that eventually led to the approval of the contract between Philippine TIPS and PhilCAT.
- A decision to formally convene the OD committee and the various working committees to plan for specific targets and set its deliverables within 18 months.
- Identification of technical assistance required by the board and the OD committee in implementing the OD program.

4. The Priority Action Program: The PhilCAT organization development program. The board agreed on the core mandate of the OD program as follows: strengthen organizational capacity in a systematic, efficient, and integrated manner so that it can pursue its mission and goals effectively. The agreed PhilCAT organizational structure is given below:



The committees created and their respective mandates are given in the following table:

Committees	Primary Function
OD	Overall integrating and coordinating body that ensures seamless flow of activities for PhilCAT's organizational development.
Governance	Transparency and accountability of the organization to all its stakeholders. Provides major governance and management policies and processes, including an organizational code of ethics.
Technical assessment	Technical assessment of key projects, activities entered into by PhilCAT; creation of policy and/or action recommendations to the OD Committee and the Board of Directors.
Communications and marketing	Providing information where and when it is needed for informed decision-making and active participation and collaboration.
Resource management	Ensuring systematic, appropriate, transparent, and accountable structures and systems for resource development, generation, and sustainability.
Membership	Ensuring membership growth, satisfaction, and participation to attain TB control.
Regional coalition	Ensuring venues for attaining TB control in the local areas through active

	participation of PhilCAT members in the region and its partners.
External partnership	Ensuring relevant, effective, mutually beneficial, and sustained partnerships on the local, national, and international front.

The committees have started working on their specific tasks and mandates. The board has presented to the General Assembly during the last PhilCAT convention a status report and obtained approval of the structural changes proposed for the organization.

Philippine TIPS is continuing to support this exercise by providing two short-term technical consultants who will provide technical secretariat assistance to the OD integrating committee as well as liaise with the working committees. The fourth and perhaps final phase of Philippine TIPS assistance to PhilCAT's institutional strengthening is the installation or implementation of specific systems and capacity-building measures based on the priority needs identified by the OD and sustainability action plan.

Support to the PhilCAT Convention. USAID approved the request to support the August PhilCAT convention and earmarked \$150,000 from the Philippine TIPS budget to defray the cost of the international speakers, event organizers, materials, meals, and other logistical requirements during the convention. The convention was preceded by a one-day training program, covering guidelines for diagnostic committees, training of certifiers, media advocacy, and a leadership course for health providers. The theme of the two-day convention was “*TB Control: Breakthroughs, Best Practices, Forging Partnerships.*”

Philippine TIPS Year 2 work plan. Upon the request of USAID, a consultation workshop on the Year 2 work plan was conducted December 11-12, 2003. It was an opportunity to clarify the strategic directions and priority activities for Year 2. Following the workshop the work plan was revised, resubmitted, and approved by USAID.

Later, a Chemonics home-office supervisory visit was conducted April 19-30, 2004, to take stock of what has been done and to agree on how to address current issues and needs in the immediate or medium-term time frame. During consultations between the project team and USAID (represented by Catherine Fischer, the project activity manager) immediate measures were used as bases for revising the Year 2 work plan, and the medium-term measures will be factored in the Year 3 work plan.

The immediate measures were:

- Agreement in principle to continue support for DOTS models previously enhanced by Philippine TIPS, including the three CDC-assisted models (DLSU, MDH, and PhilamCare) and FriendlyCare Cubao, assuming there will be a clearly defined program with an exit strategy. Central to the final decision to continue the support is strong political commitment on the part of implementers.
- A plan to investigate the potential of developing centers of excellence.
- Assistance to the DOH to update the CUP, including the integration of the recently formulated PPMD guidelines.
- Assistance to the Philippine Tuberculosis Society Incorporated to develop a training program for TB program coordinators.
- Support for the PhilCAT convention.

The medium-term measures were:

- Possible expansion of the MTBEA award.
- A review and identification of measures to contribute to demand generation, particularly in support of the DOTS centers assisted by the project as well as those that will be established in the 22 project sites.


The above items have been either implemented in Year 2 or included in the Year 3 work plan.

III. Outstanding Issues and Measures Taken or Options to Address the Issues

- While much of both the KAP survey and situation analysis field work will be completed in Year 2, the report from UPEcon will not be available until November 2004. However, some of the outputs are already being used by the project. For example, grantees, SPN pilots, and PDI are even now being given access to physician lists for use in their work in project sites. In the project's advocacy work, the findings of the study are being used to further training and certification work. The project is slated to end less than one year after the survey is completed, making the timing of the second KAP study more likely a post-TIPS activity. A decision on this has to be made no later than the second quarter of Year 3 should USAID want TIPS to conduct a follow-up KAP within the first three years of implementation.
- The policy and health financing adviser managing Tasks 1 and 6 left in November 2003 and a full time replacement did not start until April 2004, hence the postponement of some of the major activities such as the private drug facility, DOTS Financing Framework and PhilHealth technical assistance. A catch-up program for all these activities has been put in place and the conduct of the studies will run the course of the third year. The PDF's situation analysis has been done and the design is expected to be completed by January 2005.

The initial concept of the PDF was a facility that will help fund the procurement of reasonably priced anti-TB drugs for private patients. One of its components is also the setting up of a pooled procurement mechanism to enable the buyers to access GDF price levels. However, with the DOH assurance of supply of drugs even for private patients, the focus of the PDF design will be shifted to putting in place an effective and efficient drug management system to facilitate private patients' access to the drug supply.

- On the Single Practice Network model, USAID suggested conducting a feasibility assessment in a short list of sites prior to pilot implementation. This study is on-going and will be completed by early November, hence piloting of the SPN model is being scheduled in two sites starting December 2004.
- With the delay in the field implementation of the Pharmacy DOTS Initiative, the project is planning to extend the pilot implementation from November to January. The extension will allow a more robust experience and more conclusive basis for the impact assessment. If found meritorious, the project plans to roll out the program in the seven sites to saturate all drug stores therein.

- The project will continue to mainstream its models that are piloted, replicated, and expanded in the health sector by having a plan to handover its assisted service delivery points to local and appropriate health systems/authorities. This includes the workplace initiative that will include local health authorities, business groups, and the DOLE inter-agency-committee as important stakeholders. In the third year of project implementation, the PBSP component must both complete its pilot work (including replication guidelines) and implement a handover process to identified stakeholders.
- The PPMD guidelines (now part of the National TB Program Manual of Procedures) required the existence of Regional Coordinating Committees prior to the operation of a PPMD service. Because no RCC has been established in seven regions where the project's PPMD grantees are situated, the project is providing technical and logistical assistance to the RCC organization and in the respective quarterly monitoring visits to grantees. The assistance is provided as a bridge for the forthcoming Global Fund support to all RCCs, programmed to be effective sometime in July 2005. The PPMD guidelines and the concomitant structures are a welcome development, since they ensure a standardized and coherent program for public private partnership in the provision of DOTS services.
- One of the constraints identified in the certification process, is the need to assist DOTS centers with the self assessment form – a pre-requisite for the assessment. Ad hoc support was previously provided through write shops. However, given the number of applicants, this mechanism is deemed costly and inefficient. Hence the project has programmed instead the preparation of a manual that could be used as a guide by the certification applicants in completing the forms. The manual is expected to be disseminated by early next year.
- Agenda for Philippine TIPS behavior-change communications interventions (based on the recommendations of the ICS Strategy Paper): 
 - (a) Focus on the primary target audience – private physician. Need to tighten up profile on private physicians.
 - (b) Focus on the primary product – DOTS as a treatment package not as a process.
 - (c) Focus of messages emphasizing scientific, economic, and social value of DOTS as a treatment package on TB cure.
 - (d) What's in it for the private physician?
 - (e) What's in it for the TB patients and their loved ones?
 - (f) Informational, educational, social value messages.
 - (g) Continued focus on interpersonal, face-to-face channels, key opinion leaders. Rationale: Private doctors need immediate validation of the evidence about DOTS (how the peers/others are doing and why). Because of the complex nature of the information, its critical examination normally occurs in a consultative, interactive context.

- (h) Use of mass media channels for central route information processing. Doctors need to have a comfortable level of certainty about the effectiveness of DOTS; there must be adequate science to back up claims and less fanfare, because what is at stake is their reputation as doctors. The challenge is how to present the information so that doctors feel good about it and fear less about practicing it.
- (i) Continued development of information materials that provide evidence about the effectiveness of DOTS. These may be in the form of handouts, inclusion in MIMs, MIMs Annual (quick and handy references providing brief essential information on products available in the market), MIMs Cliniconsult (a one-stop prescribing source in CD-ROM, allowing instant access to brief or full prescribing information), desk references, and job aides.
- (j) Use of various formats of continuing medical education to promote and discuss DOTS such as small group discussions, consultative forum, conventions and scientific meetings, roundtable discussions.
- (k) Use of community-based interventions: make sure there is environment and infrastructure to support change at the individual level.

IV. Status toward Achieving Sustainability of Efforts

The sustainability strategy of the project is anchored on building partnerships and empowering partners through capacity building, contributing to the institution of an enabling policy environment for private DOTS services and other TB control efforts to thrive, and advocacy for changing mindsets of private physicians towards the practice of DOTS.

On the first pillar, PhilCAT remains the flagship sustainability vehicle of the project. This is the rationale behind the capacity-building support of the Coalition. In the early part of the third year a transition plan will be prepared and agreed with the board to ensure a rationalized and calibrated turnover of the project's development agenda and initiatives. As an initial step towards this direction, the scope of the PhilCAT subcontract was amended in September 2004 to devolve more project activities. Specifically, the first subcontract included only the services of the training and certification adviser (TCA). In the amended subcontract, in addition to the TCA, PhilCAT will be responsible for supporting the implementation of the covenants with the professional societies and the oversight and management of the National TB Program Managers' Training Course that the Philippine Tuberculosis Society Inc. is developing, and implementing by November 15, 2004.

On the second pillar, one of the significant developments in the policy work plan is the inclusion in the current agenda of the development of operational policy guidelines to affect reforms in public health, using TB as a model for disease control. The proposed TA will cover issues related to financing, technical leadership, quality assurance, and support mechanisms to fast-track the implementation of the HSRA for public health.

On the third pillar, the project will use, as informed by the market survey, CMEs as the vehicle for advocating for treatment behavior change. This doubles as a capacity-building mechanism of private physicians. The project intends to strengthen the CME program, as well as fellowship programs of medical professional societies.

V. Planned Performance Objective for the Third Year/Next Quarter

Year 3 and Quarter 9 targets are as follows:

Year 3	Quarter 9
<ul style="list-style-type: none"> • <i>Establishing baseline data on success rate.</i> Complete the ongoing KAP survey and conduct a similar post intervention survey within the third year if the option year is not exercised. 	<ul style="list-style-type: none"> • Complete the ongoing KAP survey.
<ul style="list-style-type: none"> • <i>Task 1, establishing an enabling environment.</i> Implement policy reform agenda on PDF, TB patient rights, quality assurance and TB/HSRA operational guidelines. 	<ul style="list-style-type: none"> ▪ Pursue the design of the PDF. ▪ Complete the preparation of the action program of the six professional societies to implement the covenant with Philippine TIPS and PhilCAT. ▪ Develop an action plan for DOLE Department Order on TB in the workplace. ▪ Draft covenants with PCCI, PCR, PAMET, PSP. ▪ Support production and dissemination of the CUP.
<ul style="list-style-type: none"> • <i>Task 2, operations research.</i> Pursue the pilot implementation and roll out of the PDI; conduct pilot implementation of the SPN model; and pursue the model development, pilot implementation, and replication of DOTS in the workplace model. 	<ul style="list-style-type: none"> ▪ Monitor the progress of the PDI; request extension of pilot implementation from November 2004 to January 2005. ▪ Complete the feasibility assessment of the SPN. ▪ Start the pilot implementation of the SPN at two sites. ▪ Complete the replication guidelines and replicate the formal workplace model in four sites. ▪ Promote the workplace models in the business sector.
<ul style="list-style-type: none"> • <i>Task 3, model development.</i> Reconvene OR working group to prioritize OR agenda; conduct 2-3 OR studies on quality of care; develop the concept, design, and implementation plan of a Philippine TB Center of Excellence. 	<ul style="list-style-type: none"> ▪ Conduct desk reviews on CoEs both locally and internationally, and prepare an initial concept paper. ▪ Conduct a study tour of U.S.-based CoEs in November.
<ul style="list-style-type: none"> • <i>Task 4, replication/expansion of DOTS services in at least 25 units located in strategic sites nationwide.</i> Monitor TA to the DOTS Fund Program, continue support to the PhilCAT CDC models, and monitor the workplace models. 	<ul style="list-style-type: none"> ▪ Monitor implementation of the DOTS Fund program. ▪ Assist in the organization of RCCs. ▪ Prepare a work plan for continued assistance to the PhilCAT-CDC assisted DOTS models. ▪ Monitor the above models and the workplace models.
<ul style="list-style-type: none"> • <i>Tasks 5A and 5B, training and certification.</i> 	<ul style="list-style-type: none"> ▪ Monitor progress of MTBEA awardees.

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<p>Monitor and mentor MTBEA awardees, assist in the conduct of in-service training programs, design and conduct pilot implementation of the National TB Program managers' training course, prepare a DOTS syllabus for allied medical courses; upon certification prepare a manual for the self-assessment of applicants</p>	<ul style="list-style-type: none"> ▪ Assist in the conduct of basic DOTS training, microscopy, TB Diagnostic Committee training, business, and financial planning. ▪ Assist in the design, training of trainers, launching of the pilot, and evaluation of the pilot. ▪ Start the preparation of the DOTS syllabus for allied medical courses. ▪ Draft the manual for self assessment of applicants. ▪ Disseminate manual for certification assessors.
<ul style="list-style-type: none"> • <i>Task 5C, communications.</i> Finalize ICS and BCC strategies; continue support for project communications and advocacy, as well as communications requirements of other tasks. 	<ul style="list-style-type: none"> ▪ Finalize ICS and BCC strategies. ▪ Hire a BCC specialist, prepare work plan to implement BCC interventions, and prepare social marketing training modules for DOT Fund grantees. ▪ Provide usual support to project communications and other tasks' communication needs.
<ul style="list-style-type: none"> • <i>Task 6, TB services financing.</i> Conduct the business and financial planning study and development of training modules, conduct the DOTS Financing Framework, and provide the TA package to PhilHealth. 	<ul style="list-style-type: none"> • Conduct the business and financial planning study and development of training modules.
<ul style="list-style-type: none"> • <i>Project management.</i> Continue assistance to PhilCAT OD and prepare project transition plan to PhilCAT. 	<ul style="list-style-type: none"> • Continue assistance to PhilCAT OD. • Sign amended subcontract with PhilCAT.

ANNEXES

Annex A: List of Major Project Reports (2002-2003)

1. Measuring the Burden of Disease and Economic Consequences of TB in the Philippines

The objective of this report is to produce a country-level estimate of the burden of disease of TB and provide economic estimates of the costs of TB in the Philippines. The principal methods used included: (a) econometric tools for analysis; (b) lifespan measure (total number of years lived; does not reflect quality of life years lived); and, (c) disability adjusted life years or DALYs (takes into account loss of full ability to enjoy life).

The conservative estimate is that more than half a million DALYs are lost in the Philippines from TB every year. Premature mortality due to TB represents at least 9.0 percent of all potential years of life lost in Filipinos 10 years and older. Based on sputum smear positive diagnoses, 212,704 (3.1 per thousand) Filipinos develop symptomatic TB. Moreover, the economic impact matches the oppressive human toil. TB robs an average worker of P216/day for women and P451/day for men (daily wage rates are computed based on 1998 GNP and prices). On a national scale, the annual economic loss is staggering; the loss in wages alone due to deaths and morbidity is P7.9 billion while foregone income due to premature deaths amounts to P27 billion.

The 1997 National Tuberculosis Prevalence Survey found that only 38 percent of symptomatic TB patients sought professional treatment. Of these, 41 percent went to public health centers and paid between \$1 and \$3. The remaining 59 percent went to other facilities, and paid \$14 to \$19 a month.

A burden of disease study provides dramatic evidence that TB has devastating socioeconomic impact on a high-burden country like the Philippines. It provides an effective platform for advocacy and public information. Subsequent actions by government and private sector leaders after dissemination of study findings showed positive results in the areas of health policy, social insurance, and health education.

2. PhilCAT Organizational Development and Sustainability Plan

The Philippine Coalition against Tuberculosis (PhilCAT) was set up in 1994 as a small body of concerned citizens. It quickly expanded into a coalition of important organizations – professional, academic, government, NGOs and corporate groups – active in TB control. Over the years, PhilCAT has developed significant public awareness, policy initiatives and lobbying efforts, and has brokered numerous partnerships and collaboration among public and private sector groups. PhilCAT's emphasis on including the private sector has added a singularly important element to the fight against the disease. The private sector is in fact the dominant provider of TB services but has been the least involved in promoting the DOTS strategy, a proven intervention to curtail the disease. The role of the private sector is important now and will remain important as long as symptomatics seek them out.

Much of the initial work of PhilCAT was done without major financial resources and depended mainly on the goodwill and voluntary action of PhilCAT members. However, in recent years, PhilCAT has attracted significant financial resources from donor institutions. PhilCAT can no longer remain an institution based mainly on the voluntary actions of its membership coordinated through a small secretariat staff. It is now generally recognized and agreed that PhilCAT needs a plan and support to strengthen its capacity and effectiveness in performing crucial tasks both in the area of coalition building/membership development as well as those associated with implementing donor-funded projects. The plan and support, however, must be provided in a way that assures that PhilCAT activities can be sustainable over the longer-term. .

A team of Philippine TIPS consultants looked deep into the organization and recommended strategies that can make PhilCAT more effective and sustainable. The team discussed ways that PhilCAT's organizational

structure can be improved in the short-term (1-1 ½ years). It concludes that sustainability is within reach within the middle-term of three to five years. The team's recommendations can be summarized as follows:

- Establish a clear strategic direction for PhilCAT by defining and committing itself to its core mandate of coalition building and membership development. This will entail an organizational development plan that would restructure the organization with distinct bodies having distinct functions working collaboratively and synergistically towards a unified goal.
- Revitalize the organization by not only bringing clarity to the key functions but making it responsive to the needs of membership and maintain its relevance to the constantly and rapidly changing political and social environment.
- Strengthen the national secretariat to serve as the focal point to provide technical and administrative support to achieve the organization's core mandate.
- Embark on a sustainability plan where the national secretariat occupies central stage for support and the rallying point for the membership.
- Expand the membership and the geographic reach of the coalition to areas that are least represented but equally needs support.
- Craft a transition plan that is clear, decisive and has the full commitment of the membership.

These tasks, while essential, are not easy and will required sustained efforts and commitment from the leadership of the organization, the national government and the donor community.

3. TB DOTS Certification

Certification is a process that assures safe and effective DOTS services to TB patients by imposing a uniform set of standards and criteria governing the resources of a TB DOTS Center. PhilCAT serves as the certifying body for DOTS centers and service providers. This certification will be a pre-requisite to the accreditation of DOTS centers by PhilHealth and to the eligibility of private physicians to get reimbursed for the TB services they provide.

The objective of this assignment is to establish a certification and quality assurance system for PhilCAT. A quality assurance system has been designed and installed in the PhilCAT administrative processes for certification. This system includes utilization reviews, performance monitoring, design of related training, and linking of certification to reimbursement and licensing. In addition, training and certification evaluation tools and a training plan for accreditation groups have been developed.

4. DOTS Syllabus – TB Control Core Curriculum for Medical Schools: “The TB Master Plan”

TB is not just a clinical disease but a social problem as well. Hence, medical schools need a paradigm shift in building medical expertise and in developing the social consciousness of future physicians.

To set this new paradigm, there is a need to institutionalize and standardize the treatment guidelines for TB using DOTS. As such, this includes the development, implementation, and evaluation of a basic DOTS syllabus that will be incorporated into pre-service and in-service training. The assignment was completed in four parts:

Needs Assessment Survey on the Integration of TB Control

This is a descriptive survey of how medical schools in the Philippines are teaching TB, TB control, and DOTS in their respective curricula. It made use of both primary and secondary data that were analyzed qualitatively.

The Philippine medical schools are confident on the readiness and competence of their graduates to manage all forms of TB patients. Findings reveal that the biomedical and clinical aspects of TB are emphasized. However,

specific areas in the different subjects or modules, which include TB control and DOTS, are not sufficiently covered.

Master Plan: Curriculum Design for PBL and Subject-Centered Medical Schools

Based on the needs assessment, the Philippine medical schools, despite awareness of DOTS, hardly highlight DOTS as a specific recommended strategy for TB control. To address this, a TB DOTS syllabus was crafted that must be integrated into the curricula of medical schools.

The core curriculum presents TB, TB control, and DOTS as both biomedical and social phenomena. In a nutshell, the core curriculum has the following basic features: 1) competency-based curriculum; 2) interactive teaching-learning strategies and instructional resources; and 3) vertical and horizontal integration.

Teaching and Learning Resources

The core curriculum for TB control has been designed to be integrated into all types of medical curricula. To facilitate the implementation of this curriculum and to maintain generally standardized sets of minimum competencies and conditions for teaching and learning, a separate set of teaching-learning resources will be provided for all the target users, namely, the medical teachers and their students.

The set of teaching-learning resources is composed of five self-study modules:

- Module 1: The TB Epidemic
- Module 2: TB Transmission and Pathogenesis
- Module 3: Clinical Presentation and Diagnosis of TB
- Module 4: Treatment of TB
- Module 5: DOTS

Evaluation Plan

The evaluation plan serves as the last component of the TB control core curriculum for Philippine medical schools. It presents the different self-assessment questions and exercises belonging to each module for formative assessment. It also includes the final examinations and their corresponding blueprints for summative assessment purposes. Such instruments have been prepared in this package to facilitate the actual evaluation and adoption of this plan for TB teachers. This evaluation plan is also designed to foster a balanced development for students in terms of acquisition of knowledge, skills, and desired attitudes.

5. Situation Analysis Framework and Assessment Tools for DOTS Models

The SA instruments developed include 1) an inventory of TB DOTS clinic facilities, equipment, and services provided; 2) an interview guide for TB DOTS service providers; 3) an observation guide for interaction between TB patient and service provider; 4) an exit interview for TB DOTS patients; 5) a focus group discussion guide: Referring Physicians; and 6) a focus group discussion guide: Treatment Partners.

6. Situation Analysis of Five Private DOTS Models

A situation analysis of five private DOTS programs was conducted to define existing practices of the private sector and offer a basis for recommending enhancements to these programs. Using SA instruments developed by Philippine TIPS, the situation analysis assessed five DOTS models, namely the hospital-based model (Manila Doctors Hospital), the local coalition-based model (De La Salle University Health Sciences Campus), the HMO model (PhilAmCare, Cubao), the multi-sectoral clinic model (FriendlyCare Foundation, Cubao), and the corporate social responsibility model (Unilab). The situation analysis described and evaluated 1) the current

clinic system operations; 2) service statistics; 3) the DOTS clinic's physical infrastructure; 4) human resources; 5) the clinic staff's KAP, training, and experience; 6) perceptions of clients, treatment partners, and physicians; and 7) institutional commitment.

Relying heavily on the SA recommendations, an enhancement plan was designed for each of the DOTS models. The enhancements included, among others, a system for treatment partner supervision, recording and reporting, and monitoring; a computer-based tool for determining treatment outcomes; and various IEC materials. A financial analysis of each model was prepared as well. These enhancements were implemented over a period of 3 ½ months.

Using the same set of SA instruments, a second situation analysis was subsequently conducted to measure improvements in quality of care, efficiency, and effectiveness of DOTS service delivery. Lessons learned and best practices were distilled from the situation analysis and are being used in developing guidelines for the replication and expression of the DOTS models in strategic sites nationwide.

7. A Policy Analysis of Private Sector Participation in TB DOTS (NTPA)

In response to the identified need to secure greater support from the private sector in TB control and management, it was determined that an evaluation of the implications of existing TB policies, programs, and instruments on the decisions of private physicians to provide TB DOTS services is needed.

The evaluation of existing TB policies and programs indicates that most of these policies, at best, have only weakly encouraged the participation of private physicians in TB DOTS. Policies that explicitly promote TB DOTS are largely designed for and implemented in the public sector. Of the various policies and programs, the most promising is PhilHealth's TB outpatient benefits package, which offers a financial incentive for the adoption of TB DOTS by the private sector.

This study recommends that appropriate knowledge and training through continuing education and financial incentives can stimulate participation of the private sector to follow TB DOTS. Beyond financial incentives, the government must also map strategies to ensure greater compliance among private doctors with TB DOTS, through information and education campaigns, the enforcement of standards, and assuring patients a continuous supply of TB drugs among others.

8. TB DOTS Provider Certification Program

A certifying organization is required to assess DOTS centers against standards. The purpose of this consultancy is to review the feasibility of establishing an independent certification organization for TB DOTS Center certification and make recommendations for its establishment. An evidence-based, consultative approach was used for this project.

A review of the regulatory environment in the Philippines reveals that there are other organizations actively engaged in certification and accreditation. Hence, in order to preclude redundancy of the certification effort, the study does not recommend the establishment of an independent certification organization. Rather, a two-stage approach for the certification of private TB DOTS Centers should be considered, with PhilCAT owning the certification standards. The study also outlined recommendations for 1) the certification process, 2) marketing and communications, 3) organization and staffing, 3) data and information requirements, 4) costs and financing; and 6) quality assurance.

9. TB in the Philippine Workforce

Although TB remains a major public health issue in the Philippines, no accurate data exist on the prevalence of TB by economic sector or distinct workgroups. The overarching objective of this study is to gather and analyze existing data regarding TB in the Philippine workforce. Information on the socioeconomic profile and health-seeking behavior of the workforce segments identified will guide decisions on re-designing a workplace DOTS service delivery model.

Findings of this study reveal that TB prevalence was higher among unemployed individuals and those employed in the informal sector. Thus, it suggests the most appropriate DOTS model is a public-private mix model in order to effectively provide DOTS to all patients regardless of their initial choice or entry point.

Further, based on the findings of this research, five recommendations for improving delivery of DOTS services to the Philippine workforce have been developed: 1) a comprehensive, holistic approach; 2) broad-based information, education, and communication; 3) the convergence of public and private sectors; 4) the empowerment of local executives; and 5) building private sector support.

10. Project Verbatim – A Research Study in Support of the Philippine TIPS Integrated Communications Strategy

To support the development of private sector DOTS models, Philippine TIPS implements behavior change communications and public information activities to increase the proportion of private providers who are engaged in DOTS and to maintain support for project activities and outputs among project stakeholders.

This research was contracted to AC Nielsen (Philippines), a highly regarded multinational communications research agency. Research methods consisted of (a) desk research, which reviewed existing studies five years old or less, on the information-seeking behavior of doctors; (b) review and analysis of news media reporting of TB and related issues to establish a baseline for the drivers of TB reporting and visibility of TB messages; and, (c) a structured questionnaire, face-to-face interviews with 160 respondents.

The desk research found and reviewed 11 studies that looked at how various information delivery practices influenced the diagnostic, treatment, and prescribing behavior of doctors. The news media analysis studied the extent/magnitude, timing, frequency, prominence, and reporting content of TB topics by local TV programs, TV commercials, and radio commercials aired from October 2002 to October 2003. It also reviewed 396 issues of local newspapers from January to December 2002. The face-to-face interviews covered 60 stakeholders and 100 medical doctors divided into 50 general practitioners and 50 specialists.

Awareness of DOTS is high among doctors, although a notable proportion still needs to be convinced that DOTS is effective and should be the preferred treatment. To be successful in promoting DOTS awareness and usage among doctors, a communications strategy should be integrated with a wider plan to address other problems identified by doctors. Training, certification and incentives through the national health insurance program should be part of an overall plan to promote DOTS understanding, acceptance, and implementation. Additional key elements include interactive lectures by opinion leaders or role models in conventions/seminars; development and distribution of physician tools (e.g., tables and charts, with benchmarks, in particular) to facilitate their adoption of novel or modified treatments; and academic detailing in conjunction with other measures demonstrated to promote physician understanding, acceptance, and implementation. Secondary data indicate that these communication strategies are effective in changing clinical practice.

11. An Integrated Communications Strategy (ICS) For Philippine TIPS

This strategy paper is the output of a strategic communications planning process conducted with the active participation of partner organizations. These organizations included PhilCAT, the DOH, World Vision, WHO, PTSI, Zuellig Foundation, and the Philippine College of Chest Physicians. Under the supervision of the

communications/advocacy adviser, Philippine TIPS engaged a team of communications specialists to help craft an integrated communications strategy and plan for the project. This team also conducted focus group discussions and key informant interviews with stakeholders to establish the environment for TB-DOTS communications in the Philippines, and determined how this environment impacts the mandate of Philippine TIPS. The culminating activity was a two-day strategic planning workshop held in July 2004.

The ICS planning process was deliberately multi-agency and consultative so that it could become a mechanism for Philippine TIPS and its partner stakeholders to identify strengths and weaknesses in their TB DOTS communication experiences. The planning process was also a mechanism for Philippine TIPS and its partner stakeholders to move toward a unified voice on DOTS, in support of individual behavioral change and policy advocacy through shared market segmentation findings, media management techniques, media campaign and face-to-face messages and activities, communication tactics, and communication monitoring and evaluation findings.

The ICS is the Philippine TIPS framework for communications activities. The fundamental premise of the ICS is that a BCC framework should be the key mechanism to increasing the sustained involvement of private providers in DOTS. The strategy paper points out that the ICS should be designed to engender an environment that influences awareness, attitudes, and behavior in favor of DOTS at the individual, community, and national levels. While recognizing the importance of generating and sustaining knowledge, attitudes, and behavior favorable to DOTS among single practice physicians or private providers, the ICS should also be able to create mechanisms at the community and national levels that can reinforce the changes among single practice physicians or private providers. In this context, the ICS has three integrated components or activity levels:

- Individual behavioral change
- Community support
- National policy and advocacy

The change in behavior in all these components moves along a BCC continuum – from awareness-knowledge (understands and appreciates the benefits of DOTS), to practice (exhibits positive behaviors and active use of DOTS), to advocacy (talks about and shares with others information about the benefits of DOTS).

The complete ICS strategy paper consists of a framework paper, the documentation/findings of two groups on TB-DOTS communications with stakeholders, two communications case studies (De La Salle University; United Laboratories), and proceedings of the two-day ICS strategic planning workshop including presentations by leading communications and social marketing experts. The presenters included Dr. Napoleon Juanillo, professor, Ateneo Graduate School of Business; Dr. Theresa Velasco, chair, Development Communications Program, University of the Philippines at Los Baños; Yolanda Ong, group president, Campaigns & Grey Advertising; Chi-Chi Fajardo, broadcast professional and communications professor of the Ateneo de Manila University and the University of the Philippines; Menlou Bibonia, senior vice president for marketing, San Miguel Corporation, and Dr. Cleofe Torres, U.P. Los Baños Development Communications Program.

The ICS framework paper contains a situational analysis of needs and gaps in current communications efforts on TB and DOTS. This re-examines current Philippine TIPS communications initiatives, analyzes the TB communications programs and messages of other agencies, and discusses avenues for synergizing communication on TB and DOTS by Philippine TIPS and its partner stakeholders.

Following the BCC continuum, the ICS framework paper sets the following objectives for Philippine TIPS communications:

The BCC Continuum	Tasks	Message Platform
Knowledge Awareness	<p>1. To generate an increased number of private physicians who understand the benefits of DOTS and the significance of DOTS in TB control in the Philippines by the first quarter of 2005.</p> <p>2. By the end of first quarter of 2005, 50 percent of the target private physicians in selected sites will be able to articulate on their own the concept that DOTS is the most cost-effective approach to TB control and it is the state of the art treatment protocol.</p>	Messages at the knowledge phase focus on generating a factual knowledge on TB, DOTS, and its benefits.
Practice	<p>3. By the end of first quarter of 2005, there will be an evident increase in the number of target private physicians in selected sites who will provide feedback to their respective DOTS centers on its services.</p> <p>4. By the end of first quarter of 2005, 50 percent of the target private physicians in selected sites will have expressed a need for more information materials such as leaflets, fliers, brochures, and/or for training and continuing medical education about DOTS from PhilCAT, PhilTIPS, DOTS centers, medical societies, and other TB organizations.</p>	Messages at the practice phase highlight the need for referrals to DOTS centers and for compliance monitoring.
Advocacy	<p>5. By the end of first quarter of 2005, there will be an evident increase in the number of the target private physicians already engaged in DOTS who will actively support other DOTS-related interventions in their respective communities.</p>	Messages at the advocacy phase focus on the social value of DOTS.

It is important to be clear that the individual private provider is the “locus” of change and action but with the larger DOTS support community and the macro/national policy environment as enabling agents. The agenda recommended by the ICS framework paper is as follows (implemented over a one-year period):

- (a). Focus on the primary target audience – private physician. Need to tighten up profile on private physicians.
- (b). Focus on the primary product – DOTS as a treatment package not as a process.

- (c). Focus of messages emphasizing scientific, economic, and social value of DOTS as a treatment package on TB cure.
- (d). What's in it for the private physician?
- (e). What's in it for the TB patients and their loved ones?
- (f). Informational, educational, social value messages.
- (g). Continued focus on interpersonal, face-to-face channels, key opinion leaders. Rationale: Private doctors need immediate validation of the evidence about DOTS (how the peers/others are doing and why). Because of the complex nature of the information, its critical examination normally occurs in a consultative, interactive context.
- (h). Use of mass media channels for central route information processing. Doctors need to have a comfortable level of certainty about the effectiveness of DOTS; there must be adequate science to back up claims and less fanfare, because what is at stake is their reputation as doctors. The challenge is how to present the information so that doctors feel good about it and fear less about practicing it.
- (i). Continued development of information materials that provide evidence about the effectiveness of DOTS. These may be in the form of handouts, inclusion in MIMs, MIMs Annual (quick and handy references providing brief essential information on products available in the market), MIMs Cliniconsult (a one-stop prescribing source in CD-ROM, allowing instant access to brief or full prescribing information), desk references, and job aides.
- (j). Use of various formats of continuing medical education to promote and discuss DOTS such as small group discussions, consultative forum, conventions and scientific meetings, roundtable discussions.
- (k). Use of community-based interventions: make sure there is environment and infrastructure to support change at the individual level.

12. Resources for Public-Private Mix DOTS Programs.

This resource book was conceived and produced in response to the need of for a compendium of frequently requested references for those operating or wanting to set up PPMD facilities. The book contains the following:

- Quick Facts on TB and DOTS
- Quick Facts on PPMD
- Quick Facts on How a PPMD Facility Can Enhance a Physician's Practice
- Quick Facts on PhilHealth's TB Outpatient Benefit Package
- Master List of DOTS Centers/Microscopy Center under the DOH
- List of DOH-PhilCAT Certified DOTS Centers
- List of Grantees of the Philippine TIPS PPMD Grants Program
- List of Medical School Grantees of the Philippine TIPS MTBEA
- List of Drugstores Participating in the PDI
- Profile: DOH -- Working Toward a TB-free Nation
- Profile, Membership and Executive Board: PhilCAT - Leading the Way in PPMD
- Profile: Philippine TIPS -- Saving More Lives, Lightening the Burden of Disease

The book has proven to be very popular. A second, expanded edition is being planned.

13. Pharmacy Initiative Rapid Appraisal

The pharmacies provide the initial or even the only point of contact of the self-treating TB patients with the health system. Thus, it is imperative that pharmacies be equipped with the necessary know-how, skills, and competence to promote correct TB treatment, in particular, to support the DOTS strategy.

To guide the design of a DOTS pharmacy-linked model, a rapid field appraisal of 12 selected drugstores in each of the 7 sites nationwide was conducted. A focus group discussion and a mystery shopper activity were also conducted in each of these sites to validate the survey results. The objectives were to assess the current pharmacy situation in the Philippines regarding dispensing practices, knowledge on TB and TB DOTS, and the willingness to participate in DOTS.

Results of the rapid field appraisal show that pharmacists and pharmacy assistants have inadequate understanding about TB, especially the TB DOTS strategy. Moreover, investigation of 168 drugstores reveals that pharmacies routinely sell anti-TB drugs without prescription. Pharmacies play a crucial role in the promotion and implementation of the DOTS strategy. However, the extent to which pharmacies are willing to participate varied from training, counseling, and referrals to monitoring, recording, and partnering with a DOTS center.

14. Pharmacy-Based TB DOTS Implementation Plan

A strategy must be developed to bring pharmacies throughout the country into a coherent program that ensures the acceptance, application, and promotion of DOTS. The objective of this endeavor is to identify options for a pharmacy-linked DOTS model or support system to DOTS service delivery.

Multiple approaches and strategies are examined and proposed to attract pharmacy participation in TB control efforts. These approaches, which will be piloted in the seven demonstration sites, are 1) financing anti-TB drugs, 2) socially marketing TB drugs, and 3) Adopt a TB patient program.

The various models for pharmacy involvement may be categorized as follows: 1) Model I (Information Dissemination); 2) Model II (Pre-screening, IEC, Counseling, and Referrals); and 3) Model III (Drugstore as an integral part of TB DOTS Center).

14. Enhancing DOTS Strategy to Control TB in the Philippines

Given the volume of information to be learned, the skills to be acquired and the new perspectives to be adopted in advocating DOTS, training is especially useful. A rational strategy is to train the trainers who can then work out a multiplier effect and address the large number of physicians, nurses, and other health professionals for the basic DOTS workshop.

The objective of this consultancy is to develop the training design and evaluation tools, to prepare training modules and instruments, and to train the PhilCAT Core Training Group. The training module is designed to give participants an adequate knowledge of DOTS and its implementation. With this module comes other basic training components, including an actual one-day seminar-workshop (from 8:00 am to 5:00 pm) and sets of suggested teaching-learning resources in the form of Microsoft PowerPoint slides saved on a compact disc with samples of suggested cases for exercises. This also introduces benefits that await both the physician and patients once DOTS is successfully practiced.

Annex B: List and Brief Description of Major Project Events Over the Past Year

I. Policy Meetings

TB Symposium Series: Initial Presentation of “Burden of Disease,”

Asian Institute of Management, Makati City, February 5, 2003.

Participants included leaders of physician associations, HMOs, TB patient advocacy groups, labor, industry, and PhilCAT. International groups present were USAID, JICA, JBIC, WHO, CIDA, and Medicos del Mundo. The study generated numerous inquiries, discussions and media attention that highlighted the findings of the study, particularly the enormous economic impact of the disease.



TB Summit – Signing of Comprehensive and Unified Policy for TB Control in the Philippines, EDSA Shangri-La Hotel, Mandaluyong City, March 7, 2003. TIPS supported the ratification of the “Comprehensive and Unified Policy for Tuberculosis Control in the Philippines” (CUP), which was developed by a group of stakeholder, government, and private sector members. The group, referred to as the TB Summit Committee, was convened through a department order of the DOH, organized jointly by PhilCAT, and the DOH and chaired by Dr. Rod Romulo. The private sector sub-group, chaired by TIPS, sponsored the ratification and signing of the CUP, organized the media coverage and press releases for this event, and assisted in drafting the executive order affecting the CUP and its guidelines. The executive order (EO 187) was recently signed by the President and covered the following:



- Adoption of National TB Program guidelines in government agencies.
- Adoption of NTP guidelines in private sector TB treatment protocol.
- Revision of GSIS, SSS, and ECC guidelines on availability of TB benefits to be consistent with NTP guidelines.
- Formulation of PhilHealth’s outpatient TB benefit package.

Policy Roundtable Discussion on the Burden of Disease, Asian Institute of Management, Makati City, March 18, 2003. TIPS conducted a technical roundtable discussion in March to address the epidemiological and socioeconomic issues of TB. More than 20 participants, including the JICA chief advisor, dean of the UP College of Public Health, chair of UP Clinical Epidemiology, chair of the FEU Community & Family Medicine, director of La Salle TB Research, director of UP Institute of Health Policy, and the OIC of DOH’s Infectious Disease Program attended the session, which clarified technical issues raised after the release of the BOD study.

National TB Policy Discussion, EDSA Shangri-La Hotel, Mandaluyong City, March 19, 2003. This forum, a sequel to the TB Symposium, presented the TB policy assessment framework that will be used to guide the on-going policy assessment project. More than 40 participants from key TB policy stakeholders attended.



TB Symposium: Strengthening the Role of Private Sector in TB Control, the Peninsula, Manila, August 14, 2003. The symposium was attended by at least 40 participants from the corporate, government, finance, NGO/PO and media sectors. This symposium highlighted a presentation by Dr. Romulo. Tagged as “The Silent Crisis,” Dr. Romulo revisited the problem of TB and the current practice situation. He also delved into the role of the corporate sector in TB control, particularly exploring options for possible private sector collaboration. The statement of commitment and challenges from participants included:

- A statement of political commitment from PhilHealth to finance TB and a challenge to the private sector to come up with instruments and mechanisms to contribute.
- A challenge to HMOs to make an aggressive campaign to corporate clients to comply with DOTS requirements.
- A commitment by the Occupational Safety and Health Standards of the Department of Health to draft a department order pertaining to this, which will serve as a guideline for companies. The government, employees, employers, and NGOs were encouraged to participate in drafting the department order.
- Emphasis by the labor to advocate for TB in the workplace.
- A request by PhilHealth for the Philippine Chamber of Commerce and Industry to issue an endorsement or an organizational order to their member industries to have the industrial clinics be accredited to PhilHealth.

Policy Consultation Meeting, The Peninsula, Manila, September 19, 2003. At least 50 participants were divided into four clusters of small group discussions: finance, TB drugs, patients’ rights, and quality of care. Each policy cluster came up with an agenda/plan of action.

TB financing. Philippine TIPS could collect actuarial tables from all the HMOs to come up with a definitive actuarial table for use in assessing the cost of TB financing for the sector.

TB drugs cluster. The Phil TIPS agenda of conducting a study on the feasibility and design of a local drug facility was welcomed. It allowed members of the group to explore together some opportunities brought about by the GDF, despite its being initially perceived as a threat by both the manufacturers and, to a lesser extent, by the retailers. Representatives of both the manufacturers and retailers suggested that the study should look into a relaxation of BFAD requirements, including but not limited to reformulation and sourcing requirements, which tend to pose obstacles to drug companies that wish to engage in economic opportunities brought about by the GDF.

TB patients’ rights. This cluster aims to standardize a TB education campaign, pool resources, utilize celebrities in media campaigns, de-stigmatize RHU and local health centers, and conduct local policy and advocacy initiatives.

Quality of care. This cluster focused on the need for an uninterrupted drug supply, technical competence of private health care providers, and the adherence of these health providers to DOTS requirements.

II. DOTS Training Series

Joint Philippine TIPS/APMC/PhilCAT Workshop for Philippine Medical Deans, Integrating TB Control/DOTS into the Curriculum, Antipolo City, May 28-29, 2003. The medical deans and the faculty coordinators of Association of Philippine Medical Colleges membership unanimously adopted the DOTS syllabus, which includes curricular design, teaching resources and an evaluation plan. This is to ensure that a sustainable framework for development and enhancement of innovative teaching and learning activities pertaining to TB are incorporated in the medical schools.



Pilot Test of Basic DOTS Course, Days Hotel, Iloilo City, August 8, 2003. In coordination with the Citizens Iloilo Coalition against Tuberculosis (CICAT), Phil TIPS trained 45 specialists (infectious disease and pulmonary medicine) on Basic DOTS course.

Basic DOTS Workshop, Century Park Hotel, Manila, August 19, 2003. With an expected 100 pre-registered training participants, the total number of physicians who attended the course reached 250.

Training of Trainers, Century Park Hotel, Manila, August 19, 2003. Selected pool of physicians from PCP, PCCP, PSMID, PCOM, PAFP and PTSI were chosen by their professional associations to attend this training. The 100 training graduates will serve as the core trainers that will do Basic DOTS training among their members.

Certifiers' Group Training, Century Park Hotel, Manila, August 19, 2003. At least 130 DOH regional NTP coordinators, PhilHealth regional certifiers and representatives of local PhilCAT coalitions attended this whole-day training session.

Prospective DOTS Center Training, Century Park Hotel, Manila, August 19, 2003. Some 84 private physicians attended the 4-hour session on the certification process and benchmarks on the accreditation and certification of DOTS centers.

Certified DOTS Center Training, Century Park Hotel, Manila, August 19, 2003. Representatives from the seven certified DOTS centers attended this training, where the participants were given lectures on how to maintain their certification, and quality assurance procedures.

III. Other Activities

PhilCAT Strategic Planning Workshop, AIM and Days Hotel, Tagaytay City, February 6-7, 2003. The Strategic Planning Workshop is one of the commitments of PhilTIPS to strengthen the organizational structure of PhilCAT. Among the highlights of this activity were:

- Validation of the environmental scanning/internal and external analysis of PhilCAT, which was conducted shortly before the workshop.
- Consensus on the vision, mission, and objectives of the organization, as well as key result areas and performance indicators.
- Development of the strategies, programs, and targets for PhilCAT.

Signing of the MOA with Professional Societies, Century Park Hotel, August 19, 2003. The memorandum of agreement between Philippine TIPS, PhilCAT, and the six professional associations – Philippine Academy of Family Physicians (PAFP), Philippine College of Chest Physicians (PCCP), Philippine College of Physicians (PCP), Philippine College of Occupational Medicine (PCOM), Philippine Society of Microbiology and Infectious Diseases (PSMID), and Philippine Pediatric Society (PPS) – was formally signed during the PhilCAT Convention. The professional societies agreed to:



- Mobilize members and resources towards the achievement of common goals and objectives of TB control in the country.
- Commit members, particularly local chapters, to actively participate in the establishment of PPM-DOTS coalitions; establish quality DOTS services in the provinces.
- Assume a leadership role in training and certification of DOTS-referring physicians among members.
- Encourage members to participate in continuing quality improvement of DOTS services by
 - referring patients to DOTS centers (PPS, PCOM, PAFP).
 - joining provincial and city diagnostic committees and quality assurance groups (PCCP, PSMID, PCP).
- Partner with pharmaceutical industry supporters and other groups such as Philippine TIPS in raising funds for dissemination, training, and research activities.
- Conduct joint conventions, seminars and training workshops for its members
- Incorporate DOTS into training programs, particularly fellowship/residency programs and diplomate examinations.

Master TB Educator Awards, the Garden Plaza Hotel, Paco Park Manila, August 26, 2003. In recognition of the high standards in medical teaching and training and its commitment to integrating the APMC-approved DOTS syllabus in its medical college curriculum, Philippine TIPS awarded the Master TB Educator Award to University of Sto. Tomas Faculty Medicine and Surgery Research and Endowment Foundation, Inc., De La Salle University College of Medicine Hermano (San) Miguel Febres Cordero Medical Education Foundation, Inc., and University of the Philippines College of Medicine Foundation for the Control of Infectious Diseases. Dr. Fernando Sanchez of APMC, Drs. Juan Antonio Perez III and Charles Yu of Philippine TIPS, Betsy Bassan and Earl Lawrence of Chemonics International, and members of the international screening and technical review committee, witnessed the awarding of the grants to the three medical schools that will each receive \$20,000 to support the enhancement of teaching and learning activities pertaining to TB in the medical schools.

Roundtable Discussion on TB in the workplace, Philippine International Convention Center, Manila, July 10, 2003. In collaboration with Philippine Businesses for Social Progress during Corporate Social Responsibility Week, Philippine TIPS hosted this roundtable discussion attended by representatives from business corporations, NGOs, labor groups, religious associations, schools, peoples' organization, and media agencies. The discussion focused on the different initiatives of the private sector to control TB.



**Philippine TIPS Second Annual (October 2003 – September 2004) and
Eighth Quarterly Report (July – September 2004)**

Annex C. Cumulative Performance of Philippine TIPS Private DOTS Grantees

Old/New/ WP	Regi on	City	Site	Catchme nt Populatio n	TB symptom atics	3- sputum exam (%)	Target enrolle d	Patie nts enroll ed	New Smear (+)	New PTB Smear (-)	Old PTB Smear (+)				
											Relaps es	Transfe red-In	RA D	Failur e	Other s
New	I	Laoag	DARCH	60,000	6	100%	65	4	1	3	0	0	0	0	0
New	I	Dagupan	VVMF	316,422	47	85%	65	25	13	3	4	0	0	2	3
New	III	Angeles	AUFMC	464,000	16	100%	65	8	1	4	0	0	3	0	0
New	III	Cabanatuan	PGHNEI	246,765	15	100%	100	5	2	1	1	0	1	0	0
New	NCR	Quezon	PTSI	123,054	35	100%	50	23	19	4	0	0	0	0	0
New	NCR	Manila	PRFPI-UST	298,294	19	100%	75	11	6	0	3	0	1	0	0
New	NCR	Manila	Canossa H&SC	63,400	108	83%	25	12	8	2	0	0	0	0	2
New	IVA	Cavite	St.Dominic MC	200,000	15	100%	80	2	2	0	0	0	0	0	0
New	IVA	Batangas	SAMBADI	89,506	14	100%	60	8	2	6	0	0	0	0	0
New	IVB	Puerto Princesa	Agape Rural Program	45,442	11	73%	70	11	3	7	1	0	0	0	0
New	V	Naga	SSDI	147,562	6	100%	40	3	3	0	0	0	0	0	0
New	VI	Iloilo	CICAT DOTS	151,324	5	80%	30	5	5	0	0	0	0	0	0
New	VI	Roxas	St. Anthony Hospital	130,181	6	100%	30	4	2	2	0	0	0	0	0
New	VII	Cebu	Cebu TB Pavillion	101,141	71	100%	30	17	14	0	0	0	0	0	1
New	VIII	Tacloban	Care Meds	170,850	4	75%	65	1	1	0	0	0	0	0	0
New	VIII	Tacloban	RTRMF	56,612	1	100%	35	1	1	0	0	0	0	0	0
New	IX	Zamboanga	ZCMS PPMD	88,000	53	81%	60	7	7	0	0	0	0	0	0
New	XI	Davao	PATHS	540,250	34	97.05%	150	11	11	0	0	0	0	0	0
New	XI	Davao	HMRGFI	171,280	55	94.11%	50	11	7	1	2	0	0	0	0
New	XII	Cotabato	CDC TB DOTS CTR	177,442	12	100%	50	3	3	0	0	0	0	0	0
TOTAL				3,641,525	533		1195	172	111	33	11	0	5	2	6

**Philippine TIPS Second Annual (October 2003 – September 2004) and
Eighth Quarterly Report (July – September 2004)**

Old PTB Smear (-)					Extra-PTB	Case Notification	Target MD	Certified DOTS MD	Actual Referring MD
Relapses	Transferred-In	RAD	Failure	Others					
0	0	0	0	0	0	1.67%	30	8	2
0	0	0	0	0	0	4.11%	30	10	14
0	0	0	0	0	0	0.26%	30	41	8
0	0	0	0	0	0	0.81%	32	14	5
0	0	0	0	0	0	15.32%	30	13	7
0	0	0	0	0	1	2.01%	75	33	6
0	0	0	0	0	0	12.62%	25	21	7
0	0	0	0	0	0	1.00%	15	15	6
0	0	0	0	0	0	2.23%	30	20	3
0	0	0	0	0	0	6.60%	17	17	10
0	0	0	0	0	0	2.03%	20	0	2
0	0	0	0	0	0	3.30%	22	0	0
0	0	0	0	0	0	1.54%	40	30	3
0	0	0	0	0	2	13.84%	30	0	7
0	0	0	0	0	0	0.59%	30	10	2
0	0	0	0	0	0	1.77%	20	0	1
0	0	0	0	0	0	7.95%	20	8	5
0	0	0	0	0	1	2.03%	20	7	4
0	0	0	0	1	0	4.09%	25	21	11
0	0	0	0	0	0	2.86%	30	0	3
0	0	0	0	1	4		571	268	106